

Heart Failure Day 2 Order Set DEBMHFD2

All orders are active unless:

1. Order is manually lined through to inactivate.
2. Orders with boxes are unchecked

Diagnosis/Allergies

- CHF
- LVEF __mild __moderate __severe 
(REQUIRED DOCUMENTATION FOR CMS)
- Other _____

Interventions

Assessments

- Record daily weight
- Measure blood pressure, orthostatic
- Cardiac monitor Treat per ACLS guidelines; discontinue upon transfer from ICU/PCU
- Measure intake and output
- DC indwelling catheter within 24 hrs of insertion unless physician order obtained or patient is on bedrest
- Other _____

Contingency

- Notify provider Check patient's SpO₂, ABG or chest x-ray before calling MD

Patient Education

- Education, signs and symptoms, self weight, diet, medication, activity. Please give patient Caring For Your Heart (Form #890)

Respiratory

- For Respiratory Distress: Check patient's SpO₂, ABG or Chest x-ray before calling MD
- Oxygen via nasal cannula _____ liters nasal prongs/mask to keep sats greater than _____%
- Blood gas, arterial on room air/oxygen with sats less than 92%
- Other _____

Laboratory (Indicate schedule after order)

Hematology



- CBC with diff _____
- Prothrombin time (PT) and international normalized ratio (INR) _____
- Partial thromboplastin time (PTT), activated _____

Panels

- Comprehensive metabolic panel (CMP -CHEM 14) _____
- Basic metabolic panel (BMP -CHEM 8) _____

Diagnostic Tests (Indicate schedule after order)

Cardiology

- 12-lead ECG
 - now (indication) _____
 - in AM (indication) _____
- Echocardiogram with dopplers, transesophageal / transthoracic  (indication) _____
- Holter monitor, 24-hr
- Nuclear medicine, ventriculogram, radionuclide (MUGA) 
- Other _____

Other Tests/Procedures

- Adenosine
- Stress Myoview
- Dobutamine
- Stress Echo
- Other _____

Medications

- Verify Home Meds

Reminders

- An angiotensin-converting enzyme inhibitor or angiotensin receptor blocker should be prescribed upon discharge to patients with an ejection fraction less than 40%
 - CONTRAINDICATED: REASON** _____
- Avoid first-generation calcium channel blockers

Provider Signature

Date _____ Time _____

Patient Information

St. Elizabeth's Hospital
Belleville, Illinois

Heart Failure Day 2

Form # 1358

Org. 06/08 Rev. 9/10

Page 1 of 3



N.053R

Angiotensin-Converting Enzyme (ACE)

Inhibitors

- captopril (CAPOTEN)
 - _____ mg PO _____ times a day
- enalapril (VASOTEC)
 - _____ mg PO _____ times a day
- lisinopril (PRINIVIL)
 - _____ mg PO _____ times a day

Other _____

Angiotensin Receptor Blockers (ARB if intolerant of ACE)

- losartan (COZAAR)
 - _____ mg PO _____ times a day
- valsartan (DIOVAN)
 - _____ mg PO _____ times a day

After loading reducing agents (hold for SBP less than _____ mmHg)

Other _____

Beta-Blockers

- carvedilol (COREG)
 - _____ mg PO _____ times a day
- metoprolol (TOPROL XL)
 - _____ mg PO _____ times a day

Other _____

Aldosterone Antagonists

- ONLY INDICATED FOR CHRONIC CLASS III OR IV HEART FAILURE PATIENTS
- Monitor serum potassium levels and creatinine clearance carefully, especially following initiation or change in aldosterone antagonist

spironolactone (ALDACTONE)

- _____ mg PO _____ times a day

Other _____

Cardiac Glycosides

- digoxin (LANOXIN)
 - _____ mg PO every _____ hrs
 - _____ mg IV every _____ hrs

Other _____

Diuretics

- furosemide (LASIX)
 - _____ mg PO every _____ hrs
 - _____ mg IV every _____ hrs

Other _____

Notify provider if urine output is < _____ ml over 4 hrs after IV Diuretic

Nitrates

Oral Nitrates

- isosorbide dinitrate (ISORDIL) _____ mgs PO _____ times a day
- isosorbide mononitrate (IMDUR) _____ mgs PO every _____ hrs
- isosorbide mononitrate SR 30 mgs 24 hr tab (IMDUR) 1 tablet PO once a day
- Other _____

Transdermal Nitrates

- nitroglycerin 0.1 mg per hr transdermal film, extended release 1 patch a day
- nitroglycerin 2% topical ointment _____ inch(es) every _____ hrs
- Other _____

Potassium Supplements

- potassium chloride _____ mEq PO every _____ hrs
- potassium chloride _____ mEq IVPB every _____ hrs
- Other _____

Inotropes

- DOPamine
 - _____ microgram/kilogram per minute IV Drip
- DOBUTamine
 - _____ microgram/kilogram per minute IV Drip
- Other _____

Consults

- Consult to cardiology
- Consult to case management/social services
- Consult to Successful Hearts Program
- Consult to dietician
- Consult to physical therapy
- Other _____

Other Orders

- _____
- _____
- _____

Provider Signature

Date _____ Time _____

Patient Information

St. Elizabeth's Hospital
Belleville, Illinois

Heart Failure Day 2

Form # 1358

Org. 06/08 Rev. 9/10

Page 2 of 3



N.053R

PO = Performance Measure

Patient Information

St. Elizabeth's Hospital
Belleville, Illinois
Heart Failure Day 2

Form # 1358

Org. 06/08 Rev. 9/10
Page 3 of 3

