



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Inpatient Adult Heart Failure Order Set

Allergies:

Service Status: ☐ Admit to Inpatient

Admit to MD: _____ and pull standing orders ☐ Floor ☐ CCU

☐ Consult Cardiologist _____ (REQUIRED for NEW ONSET heart failure diagnosis)

☐ Consult Dr. _____ For _____

DIAGNOSIS: _____

Activity:

☐ Up ad lib ☐ Bed rest with BRP ☐ Elevate HOB _____ degrees ☐ Bed rest ☐ Elevate lower extremities ☐ Other _____

Assessments and Interventions:

- Vital signs q 4 hr and PRN
- Strict I&O and document q 4 hr
- Notify MD if Systolic BP is >160 mmHg, Systolic BP < 90 mmHg, Diastolic BP > 100 mmHg, HR > 120 bpm, HR < 50 bpm, respirations > 30 rpm, respirations < 10 rpm, temperature > 100.4°F, O2 saturation < 90% or urine output < 300ml per 8 hr
- Follow hospital VTE and Immunization order set
- Daily weight on admission and q am document in lb/Kg
- Continuous Cardiac Monitoring/Telemetry
- Monitor for response to therapy by assessing symptom relief q 4 hours and PRN (such as shortness of breath, orthopnea) and by following objective response, (such as urine output, improving lung sounds and O2 sat, peripheral edema in bilateral lower extremities and sacral area)

Patient Education:

- Assess smoking status, give Smoking Cessation materials and document
- Give Heart Failure patient education material and document
- Discuss with patient/family signs and symptoms of Heart Failure, daily weight results, medication purposes and dietary sodium restrictions; document daily
- Schedule appointment with Primary Care Physician or Cardiologist for the patient; chart Physician Name, Date and Time on Discharge Summary

Respiratory:

- ☐ Arterial Blood Gas now (prior to start oxygen therapy)
- ☐ Pulse oximetry q _____ hr
- ☐ Continuous Pulse oximetry
- ☐ Oxygen via NC at _____ L/min
- ☐ Titrate oxygen to maintain SpO2 at _____ %
- ☐ Adult Bronchodilator Assessment and Care Plan

Diet:

☐ Cardiac Diet ☐ Low Sodium _____ gm ☐ Diabetic _____ cal ☐ Fluid Restriction: _____ ml/24 hr ☐ Other _____

IV Fluids:

- ☐ Saline lock flushes q 8 hr
- ☐ Infuse IV solution (1000 ml) checked below at _____ ml/hr FOR _____ hr
 - ☐ Dextrose 5% water ☐ Dextrose 5% with 0.9% NaCL ☐ Dextrose 5% with 0.45% NaCL
 - ☐ 0.45% NaCL ☐ 0.9% NaCL (NS) ☐ Other _____

IV Additives:

☐ KCL 20 mEq/L ☐ KCL 40 mEq/L ☐ Other _____

MEDICATIONS

1. ACE – Angiotensin Converting Enzyme Inhibitor

- ☐ Enalapril (Vasotec) orally 2.5 mg _____ 5 mg _____ daily _____ bid _____
- ☐ Lisinopril (Zestril) orally 5 mg _____ 10 mg _____ daily _____ bid _____

Physician Signature: _____ Date & Time: _____

Please use Ball Point Pen ONLY

Page 1 of 2 Revised: 03/01/2018 **DO NOT USE: U IU QD QOD MS MSO4 MgSO4**



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MEDICATIONS (continued)

2. ARB – Angiotensin Receptor Blocker

- ☐ Losartan (Cozaar) orally 25 mg ____ 50 mg ____ daily ____
- ☐ Valsartan (Diovan) orally 80 mg ____ 160 mg ____ daily ____

3. ARNI – Angiotensin Receptor Neprilysin Inhibitor

- ☐ Entresto (sacubitril/valsartan) ____ 24/26 mg orally BID (*Pt must be off all ACEI x 36 hours before initiating*)

4. Diuretics

- ☐ Furosemide (Lasix) ____ mg IV q ____ hr
- ☐ Furosemide (Lasix) ____ mg IV Stat
- ☐ Furosemide (Lasix) ____ mg orally q ____ hr
- ☐ Furosemide continuous infusion (concentration 1 mg/ml) at ____ mg/hr
- ☐ Hydrochlorothiazide (Hydrodiuril) 25 mg ____ 50 mg ____ orally daily
- ☐ Metolazone (Zaroxolyn) 5 mg orally daily
- ☐ Spironolactone (Aldactone) 12.5 mg ____ 25 mg ____ 50 mg ____ 100 mg ____ orally daily

5. Beta Blockers

- ☐ Carvedilol (Coreg) 3.125 mg ____ 6.25 mg ____ 12.5 mg ____ orally bid
- ☐ Metoprolol Succinate (Toprol XL) 25 mg ____ 50 mg ____ 100 mg ____ orally daily
- ☐ Hold Beta Blocker for HR < ____

6. Nitrates/Hydralazine

- ☐ Isosorbide Mononitrate extended release (Imdur) 30 mg ____ 60 mg ____ orally daily ____ bid ____
- ☐ Isosorbide Dinitrate (Isordil) 20 mg ____ 40 mg ____ orally bid ____ tid ____
- ☐ Nitroglycerin 2% topical ointment ____ inch topically q 8 hr ____ q 6 hr ____
- ☐ Nitroglycerin transdermal patch 0.1 mg/hr ____ 0.2 mg/hr ____ topically daily
- ☐ Hydralazine (Apresoline) 25 mg ____ 50 mg ____ orally bid ____ tid ____ qid
- ☐ NTG drip (concentration 200 Mcg/ml): Start at 5 Mcg/ml, Titrate by 5 Mcg/ml for goal of Systolic BP 120 mmHg or below

LABORATORY

- | | | |
|--|--|---|
| <input type="checkbox"/> Troponin I q 3 hr x 3 total | <input type="checkbox"/> CMP | <input type="checkbox"/> TSH |
| <input type="checkbox"/> BMP – Daily | <input type="checkbox"/> Hepatic Panel | <input type="checkbox"/> Thyroxine (T4), free |
| <input type="checkbox"/> NT-proBNP | <input type="checkbox"/> Digoxin Level | <input type="checkbox"/> Urinalysis, with C&S, if indicated |
| <input type="checkbox"/> CBC with auto Differential | <input type="checkbox"/> Albumin, serum | <input type="checkbox"/> HbA1c |
| <input type="checkbox"/> D-dimer | <input type="checkbox"/> Magnesium (Mg), serum | <input type="checkbox"/> PT and INR |

DIAGNOSTIC TESTS

- ☐ 12 – Lead EKG
- ☐ Chest xray, 2 views (PA and Lateral)
- ☐ Chest xray, single view (PA)
- ☐ Echocardiogram, Transthoracic (unless performed within past 4 weeks and results can be placed on chart)

CONSULTS

- | | |
|---|--|
| <input type="checkbox"/> Palliative Care Services at 256-338-8102 | • Consult Dietitian for heart failure diet education |
| • Consult Cardiac Rehab for Heart Failure Disease Management | • Consult Case Management |

OTHER ORDERS: _____

Physician Signature: _____ Date & Time: _____

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