



**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. ☐

Observation Adult Heart Failure Order Set

Allergies:

Service Status: ☐ Admit to Observation

Admit to MD: _____ and pull standing orders

☐ 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 daily 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



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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

(Recommendation: Administer IV Lasix 2 -2.5 times home maintenance oral dosage x 1 and then adjust based on patient response)

- ☐ 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 3total | <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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