Physician Orders ADULT: Heart Failure Admit Plan

Initiate Orders Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
  T;N Admitting Physician: ________________________________
  Reason for Visit: ________________________________
  Bed Type: ____________________ Specific Unit: ________________
  Care Team: ____________________ Anticipated LOS: 2 midnights or more

☐ Patient Status Initial Outpatient
  T;N, Attending Physician: ________________________________
  Reason for Visit: ________________________________
  Bed Type: ____________________ Specific Unit: ________________
  Outpatient Status/Service OP-OBSERVATION Services

Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  Phase: Heart Failure Admit Phase, When to Initiate: ________________________________

Heart Failure Admit Plan
Non Categorized
R Heart Failure Care Track
R Heart Failure Quality Measures
☐ Add To Problem List
  Problem: Heart failure

☐ Add To Problem List

Admission/Transfer/Discharge
☐ Notify Physician-Once
  Notify For: room number upon admission

Vital Signs
☐ Vital Signs
  Monitor and Record T,P,R,BP, q4h(std) x 24hr, then q8h(std)

☐ Orthostatic Blood Pressure
  QDay, and orthostatic pulse rate

Activity
☐ Bedrest
☐ Bedrest
  Options: w/BRP

☑ Ambulate
  Up Ad Lib, tid

Food/Nutrition
☐ Low Sodium Diet
☐ American Heart Association Diet
☐ Consistent Carbohydrate Diet
  ☐ Start at: T;N, 1200 Calorie, Insulin: [ ] No Insulin [ ] Short Acting
    [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long;
    Renal Patient:[ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis
  ☐ Start at: T;N, Caloric Level: 1800 Calorie, Insulin: [ ] No Insulin [ ] Short Acting
    [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long;
    Renal Patient:[ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis
  ☐ Start at: T;N, 2400 Calorie, Insulin: [ ] No Insulin [ ] Short Acting
    [ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long;
    Renal Patient:[ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis

Patient Care
Physician Orders ADULT: Heart Failure Admit Plan

☐ Code Status
   Resus Type: DNR-Do Not Resuscitate
☐ Telemetry 48 hours
☐ Intake and Output
   q2h x 3 occurrences, then q6h
☐ Urine Output Goal
   Goal: >500mL / 6 hrs
☐ Daily Weights
   qam
☐ IV Insert/Site Care
   q4day, establish IV access
☐ Restrict Fluids
   1000 mL/ 24 h
☐ Smoking Cessation Advice/Counseling
☐ Instruct/Educate
   patient and family on CHF and give CHF materials and document.
☐ Bedside Glucose Nsg

Nursing Communication
☐ Nursing Communication
   if urine output > 1000 mL/ 6 hours, order STAT BMP and magnesium level
☐ Nursing Communication
   if patient has a foley catheter, remove it when diuretic is PO and patient is able to void and save urine independently
☐ Nursing Communication
   retrieve previous ECHO, cath, or MUGA report from Cerner and document ejection fraction result, and date of the report and if study showed LVSD.
☐ Nursing Communication
   Consult company representative to evaluate need for wearable cardiac defibrillator for new onset heart failure with Left Ventricular Ejection Fraction less than 35%

Respiratory Care
☐ O2-Nasal Cannula
   2 L/min, Special Instructions: titrate to keep o2 sat =/>92%
☐ O2 Sat-Spot Check (RT)
   QDay, Special Instructions: room air

Medications
☐ VTE MEDICAL Prophylaxis Plan(SUB)*
☐ +1 Hours furosemide
   40 mg, Injection, IV Push, q8h, Routine
   **Alternate Dose Below***(NOTE)*
☐ +1 Hours furosemide
   40 mg, Injection, IV Push, q12h, Routine
   To adhere to Regulatory guidelines, if ACEI/ARB therapy is contraindicated and will not be ordered as a discharge prescription, document the Reason ACEI Not Prescribed at Discharge AND the Reason ARB Not Prescribed at Discharge below:(NOTE)*
☐ +1 Hours lisinopril
   10 mg, Tab, PO, QDay, Routine
☐ +1 Hours losartan
   25 mg, Tab, PO, QDay, Routine
☐ +1 Hours hydrALAZINE
   35 mg, Tab, PO, q8h, Routine
☐ +1 Hours isosorbide dinitrate
   20 mg, Tab, PO, q8h, Routine
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- Reason ACEI Not Prescribed at Discharge
- Reason ARB Not Prescribed at Discharge
- Nitrate Medication Orders (see below)(NOTE)*

- Nursing Communication
  
  *Hold nitroglycerin if SBP less than 100mmHg*

- **+1 Hours** nitroglycerin
  
  0.4 mg, Tab, SL, q5min, PRN Chest Pain, STAT, (for 3 occurrence)
  
  Comments: (3 occurrence)

- **+1 Hours** metoprolol extended release
  
  12.5 mg, ER Tablet, PO, QDay, Routine

- **+1 Hours** carvedilol
  
  3.125 mg, Tab, PO, bid, Routine

- **+1 Hours** spironolactone
  
  25 mg, Tab, PO, QDay, Routine

- PRN Common Comfort Medication Plan(SUB)*

- **+1 Hours** acetaminophen
  
  650 mg, Tab, PO, q6h, PRN Pain, Mild or Fever, Routine

- **+1 Hours** promethazine
  
  12.5 mg, Tab, PO, q4h, PRN Nausea/Vomiting, Routine

- **+1 Hours** ondansetron
  
  4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine

- **+1 Hours** temazepam
  
  15 mg, Cap, PO, hs, PRN Insomnia, Routine

- **+1 Hours** famotidine
  
  20 mg, Tab, PO, q12h, PRN Indigestion, Routine
  
  Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min

- **+1 Hours** famotidine
  
  20 mg, Injection, IV Push, q12h, PRN Indigestion, Routine
  
  Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min

- **+1 Hours** magnesium hydroxide
  
  30 mL, Oral Susp, PO, QDay, PRN Constipation, Routine

- **+1 Hours** bisacodyl
  
  10 mg, DR Tablet, PO, once

- **+1 Hours** Al hydroxide/Mg hydroxide/simethicone
  
  10 mL, Oral Susp, PO, q6h, PRN Indigestion, Routine

- Insulin SENSITIVE Sliding Scale Plan(SUB)*
- Insulin STANDARD Sliding Scale Plan(SUB)*
- Insulin RESISTANT Sliding Scale Plan(SUB)*

**Laboratory**

- Troponin-I
  
  Time Study, T;N, once, Type: Blood

- Troponin-I
  
  Time Study, T;N+180, once, Type: Blood

- Troponin-I
  
  Time Study, T;N+360, once, Type: Blood

- CMP
  
  Routine, T;N, once, Type: Blood

- Magnesium Level
  
  Routine, T;N, once, Type: Blood

- BNP Pro
  
  Routine, T;N, once, Type: Blood
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☐ Brain Natriuretic Peptide
   Routine, T;N, once, Type: Blood

☒ CBC w/o Diff
   Routine, T;N, once, Type: Blood

☒ Urinalysis w/Reflex Microscopic Exam
   Routine, T;N, once, Type: Urine, Nurse Collect

☒ Lipid Profile
   Routine, T+1:0400, once, Type: Blood
   Comments: fasting

☒ BMP
   Routine, T+1:0400, qam x 3 day, Type: Blood

Diagnostic Tests

☐ EKG
   Start at: T;N, Priority: Routine, Reason: Congestive Heart Failure, Frequency: once

☐ Chest 2 Views
   T;N, Reason for Exam: Congestive Heart Failure, Routine, Stretcher

☐ Chest 1 View
   T;N, Reason for Exam: Congestive Heart Failure, Routine, Portable

☐ TTE Echo W/Contrst or 3D if needed

Consults/Notifications/Referrals

☒ Notify Physician-Continuing
   Notify For: if potassium < 4mmol/L, magnesium < 2mmol/L, or urine output goal is not met

☒ Consult Clinical Dietitian
   Type of Consult: Other, please specify, Special Instructions: low sodium diet counseling

☒ Cardiac Rehab Consult/Doctor Order
   T;N
   Comments: Walk patient in hallway, CHF education.

☐ Discharge Planning
   Refer patient to Methodist heart failure clinic: 516-2442

☐ Consult Case Management

☐ Consult Medical Social Work

<table>
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<tr>
<th>Date</th>
<th>Time</th>
<th>Physician Signature</th>
<th>MD Number</th>
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*Report Legend:*
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate
R - Required order