



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





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- ☐ 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
- R Smoking Cessation Advice/Counseling
- R 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 \geq 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

Date

Time

Physician Signature

MD Number

*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

