



# PHYSICIAN'S PREPRINTED ORDERS

**TITLE: CONGESTIVE HEART FAILURE/ACUTE DECOMPENSATED HEART FAILURE**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Status:  Admit as Inpatient  Place as Outpatient  Place as Outpatient & Begin Observation Services  
 Cardiac Care with telemetry  ICU  Other: \_\_\_\_\_  With telemetry

Etiology of CHF:  Ischemic (CAD)  Hypertensive  Idiopathic  Valvular  Other \_\_\_\_\_

Patient has:  Systolic heart failure  Diastolic heart failure EF \_\_\_\_\_%

Heart Failure status:  Acute  Chronic  Acute exacerbation of chronic CHF

NYHA Class (select one):  I  II  III  IV (See reverse for definitions)

ACC Heart Failure Stage (select one):  A  B  C  D (See reverse for definitions)

Code Status:  Full  DNR

Allergies:  NKDA  \_\_\_\_\_

Diet:  2 gm Na diet  2.5 gm Na diet  3 gm Na diet  ADA \_\_\_\_\_ calories  ADA 60 gm CHO/meal  Other: \_\_\_\_\_

Vital signs:  Vital signs per routine  Other: \_\_\_\_\_  Obtain orthostatic BP and HR upon admission.

Activity:  Bed rest  Up in to BR with assist  Ambulate with PT  Up ad lib  Foley  Other: \_\_\_\_\_

Oxygen:  Nasal O<sub>2</sub> to Sat ≥ 90%  BIPAP (RT to monitor) Settings: \_\_\_\_\_  Other: \_\_\_\_\_

Weigh now and daily. Just prior to discharge, have patient bring in his/her scales and weigh and record.

Lab:	NOW	AM	Daily		NOW	AM	Daily
<input type="checkbox"/> Chem 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Magnesium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chem 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ion Ca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BNP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CBC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Digoxin Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PT/INR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lipid Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TSH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EKG (indication CHF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Cardiac profile every 6 hrs x3
- Other labs \_\_\_\_\_
- Autolet before meals and bedtime

CXR in AM:  Portable Upright at bedside  PA and Lat – Indication CHF

LVF Assessment:  Echocardiogram (indication CHF)  STAT – Attending must call cardiologist to interpret

No echocardiogram since LV assessment done recently at \_\_\_\_\_ **Get results to chart.**

MUGA Scan – Indication CHF

### Medications:

IV Fluids:  Saline lock  IV Fluids: \_\_\_\_\_ IV at \_\_\_\_\_ ml/hr.

### Anticoagulant:

- Aspirin \_\_\_\_\_ mg PO daily
- Lovenox \_\_\_\_\_ mg SQ q \_\_\_\_\_ hours
- Heparin IV infusion per weight based protocol
- Warfarin \_\_\_\_\_ mg PO \_\_\_\_\_
- Xarelto 10mg PO daily
- Pradaxa
  - 75 mg PO BID
  - 150 mg PO BID

### Diuretics:

- Furosemide (Lasix) \_\_\_\_\_ mg IV now and \_\_\_\_\_ IV in \_\_\_\_\_ hours
- If urine output < \_\_\_\_\_ ml in 3 hours, give double dose of above and \_\_\_\_\_ hours later
- Furosemide \_\_\_\_\_ mg/hr continuous drip
- Furosemide \_\_\_\_\_ mg every \_\_\_\_\_ hrs  IV  PO  QAM
- KCL \_\_\_\_\_ mEq every \_\_\_\_\_ hours  IV  PO  QAM

### ACE Inhibitor/ARB

- Lisinopril \_\_\_\_\_ mg PO \_\_\_\_\_  Daily  BID
- \_\_\_\_\_ mg PO \_\_\_\_\_  Daily  BID
- Enalaprilat \_\_\_\_\_ mg IV every 6 hours (patient NPO or questionable absorption)
- Valsartan \_\_\_\_\_ mg PO  Daily  BID
- ACE inhibitor/ARB contraindicated because \_\_\_\_\_

Diuretic Guideline: Per DOSE Trial (Felker, 2011)  
*\*No significant difference seen between groups with respect to patient-assessed symptoms or change in renal function. Either method may be used for Acute Decompensated Heart Failure.*  
 IV Bolus Dose (Q12H)  
 • Low Dose: Total Daily Bolus Dose=Total Home PO Dose  
 • High Dose: Total Daily Bolus Dose=2.5xTotal Home PO Dose  
 Continuous IV Infusion  
 • Low Dose: Total Daily IV Dose=Total Home PO Dose  
 • High Dose: Total Daily IV Dose=2.5xTotal Home PO Dose  
 \*\*Consider dosage adjustment after 48 hours\*\*  
 Diuretic Dosing Equivalents:  
 Furosemide 40mg=Torsemide 20 mg=Bumetanide 1 mg



Patient Identification



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**Medications (Cont'd):**

**Beta Blocker** (Do not begin until volume stable)

\_\_\_\_\_ mg PO every \_\_\_\_\_

**Beta blocker contraindicated because** \_\_\_\_\_

**Aldosterone Antagonist**

Spironolactone \_\_\_\_\_ mg (12.5 – 50 mg) PO daily (predominantly indicated in Class III and IV CHF)

\_\_\_\_\_

**Digitalis:**  Digoxin \_\_\_\_\_ mg PO daily (presently on Digoxin)

Digoxin \_\_\_\_\_ mg (0.125 – 0.25 mg) PO daily.

**Statins/Lipid Medications:**  \_\_\_\_\_ mg PO  daily  every evening

**Statin contraindicated because:** \_\_\_\_\_

**Nitroglycerin:**  \_\_\_\_\_ mcg/min IV, decrease by ½ if severe HA or systolic BP < 90

Other \_\_\_\_\_

**Inotropes:**  Milrinone Infusion at 0.375 mcg/kg/min IV. Hold for SBP less than 90.

Dobutamine infusion at 2.5 mcg/kg/min IV.

**Pneumococcal and Influenza vaccine if indicated**

**Other medications/orders:**

- PPI therapy per hospital formulary  PO  IV
- Acetaminophen 650 mg PO every 4 hours prn mild pain or temp > 101.5
- Docusate 100 mg PO twice a day
- Laxative \_\_\_\_\_ daily prn constipation
- Other \_\_\_\_\_

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**CHF teaching including discharge planning**  
 (see discharge sheets when ready for discharge)

**Smoking cessation program**

Pt is a non-smoker or has not smoked in the last 12 months.

- Consult CHF service
- Nutrition counseling
- Cardiac Rehab  Pulmonary Rehab  Dietary Consultation

**Social Services/Case Management:**  End of life options  Hospice  Discharge Planning

**Consult Cardiologist:** \_\_\_\_\_  I will contact.

**Follow up with CHF clinic within 7 days of discharge**

Signature \_\_\_\_\_

Date \_\_\_\_\_



\*POS\* EIMC 603782 rev June 2012 – pg 2 of 2

ACC/AHA Heart Failure Stage Definitions	
Stage	Definition
A	At high risk for HF but without structural heart disease or symptoms of HF
B	Structural heart disease but without signs or symptoms of HF
C	Structural heart disease with prior or current symptoms of HF
D	Refractory HF requiring specialized interventions
New York Heart Association (NYHA) Classification	
Class	Definition
I	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, or dyspnea (shortness of breath).
II	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea.
III	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea.
IV	Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.

Patient Identification