


CHF STANDARD ORDERS

PROTOCOL ACTIVATED BY MD SIGNATURE

* = Standard Order (any variance must be activated by checking the box, noting new order and crossing through standard order.)

ADMIT TO INPATIENT STATUS [] Med/Surg [] Telemetry [] ICU		Time of Arrival in ED _____
PLACE IN OBSERVATION STATUS [] Med/Surg [] Telemetry [] Other _____		
Admitting Doctor: _____		Condition on admission: _____
Admitting ED Doctor:		
[] New Onset Heart Failure		Allergies: _____
[] Known Heart Failure with Exacerbation		
[] Heart Failure Related to _____		
NOTIFY DOCTOR IF: *Temp greater than 102 degrees F, SBP greater than 200 or less than 80 mm Hg, HR greater than 140 or less than 50 bpm, O2 sats less than 88% on greater than 6 liters O2 per NC		
DIET *2 Gram Sodium Fluid restrict to 2 liters		
[] Fluid restrict to _____ ml/day		
[] Other _____		
ACTIVITY *Bed Rest with Bathroom privileges [] Up ad lib		
IV *Saline lock [] _____ at _____ ml/hr		
LAB On admission, if not done in Emergency Department:		
*CBC, CMP, PT/INR, BNP [] Magnesium [] UA [] Serum Ferritin [] TSH		
[] CPK every _____ hrs x _____		
[] Troponin every _____ hrs x _____		
OTHER LABS (Specify days or daily)		
[] BMP Daily or _____		
[] PT/INR _____		
[] Magnesium _____		
[] Digoxin Level _____		
[] Lipid Profile (if not done in last 3 months)		
[] Other _____		
MEDICATIONS: Document diagnosis or indication for all medications prescribed		
ACE Inhibitor		
[] Vasotec _____ mg po twice daily or Lotensin _____ mg po daily.		
[] Captopril _____ mg po daily.		
Beta Blocker/ARB		
[] Metoprolol _____ mg po twice daily or Metoprolol XL _____ mg po every daily.		
[] Carvedilol (Coreg) _____ mg po twice daily.		
Diuretic		
[] Hydrochlorothiazide (HCTZ) _____ mg po every daily.		
[] Lasix _____ mg po daily.		
[] Spironolactone _____ mg po daily.		
Other Medications		
[] Heparin 5,000 units Subcutaneous every 8 hours or [] Lovenox 40mg Subcutaneous every 24 hours.		
[] Warfarin _____ mg po every evening.		
[] Anticoagulant protocol per pharmacy.		
[] Enteric Aspirin _____ mg po daily.		
[] Digoxin* _____ mg po daily.		
[] Zocor _____ mg po every evening.		
[] Cordarone _____ mg po twice daily.		
[] Pepcid 20mg po twice daily.		
* Acetaminophen 650 mg PO or PR every 4 hours PRN temp greater than 101 degrees F or pain (Do Not Exceed 4 gms in 24 hours)		
[] _____		
TREATMENTS *VS Per Unit Routine *I&O *Admission and daily AM weight		
RADIOLOGY *CXR on admit (if not done in ED) [] _____		
CARDIOPULMONARY* Check O2 saturation-administer O2 per cannula to keep sats above 92% at rest		
[] EKG [] Echocardiogram: if not done document Ejection Fraction _____		
EDUCATION *If patient is an active smoker: give patient educational brochure on smoking cessation		
*Give Heart Failure Education Packet		

[] VORB [] Faxed to Pharmacy		Date/Time: _____		TRANSCRIBED BY: _____							
ATTENDING PHYSICIAN SIGNATURE:		Date/Time: _____		Date/Time: _____							
		Account Number: _____		MR Number: _____							
		Patient Name: _____									
		Admit Date: _____									
Davis Hospital AND MEDICAL CENTER 1600 West Antelope Drive Layton, UT 84041		DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
		Allergies: _____									
		Attending Physician Name: _____									