APPENDIX C: SAMPLE COLORADO CHF ADMISSION ORDERS

Dispensing by non-proprietary name under formulary system is permitted, unless checked here:

Date / / Time:

ATTENDING PHYSICIAN:

Order #  ORDERING HEALTHCARE PROVIDER:  GMI/UP#  PAGER:

SERVICE:

[ ] CICU Cardiology  [ ] CHF Cardiology  [ ] Medicine  [ ] Family Medicine

[ ] Other

ALLERGIES: 

DIAGNOSIS: Congestive Heart Failure

CONDITION OF PATIENT/STATUS:

[ ] Critical-ICU  [ ] Serious-Stepdown  [ ] Stable-Floor Status with Telemetry

CODE STATUS:

[ ] Full CODE  0 Do Not Attempt Resuscitation (DNAR)*

[ ] Limited DNAR – see DNAR form for restrictions*

* MD to complete purple form for DNAR, DNI, or Limited DNAR status. Attending physician must cosign within 24 hours.

PRECAUTIONS:

[ ] VRE  [ ] MRSA  [ ] C. dif  [ ] High risk for fall  [ ] Other

LABS:

NOW AT ADMISSION

[ ] Basic Metabolic Panel  [ ] CBC  [ ] PT/INR  [ ] PTT  [ ] Magnesium  [ ] Phosphorous

[ ] Hepatic Panel  [ ] TSH  [ ] B-type Natriuretic Peptide (BNP)  [ ] 25-OH Vitamin D  [ ] Iron/TIBC

[ ] Troponin  [ ] HgA1c  [ ] Digoxin  [ ] Other

AM LABS NEXT DAY

[ ] Basic Metabolic Panel  [ ] CBC  [ ] PT/INR  [ ] PTT  [ ] Lipid Panel (Fasting)

[ ] Other

TESTS:

[ ] ECG 12 lead: Indication: worsening congestive heart failure, assess for arrhythmia, AMI, or pacemaker malfunction

[ ] CXR  [ ] PA and Lateral  [ ] Portable

(MUST complete Inpatient Radiology Request form; staff to enter in Care Manager)

[ ] Echocardiogram if no Ejection Fraction determined within 12 months or acute clinical concerns warranting repeat study.

(MUST complete Cardiology Test Request form; staff then to enter in Care Manager)

If cardiac imaging was done, what was the LVEF? Date: Other

TREATMENTS / INTERVENTIONS

[ ] Continuous Cardiac Monitoring / Telemetry

[ ] CNA/Transport Technician may transport patient off telemetry/pulse oximetry

[ ] RN to accompany patient with continuous telemetry/pulse oximetry during transport

[ ] Vital signs with Pulse oximetry every 4 hours (Floor)

[ ] every 2 hours (SDU)  [ ] every 1 hours (ICU/CCU)

[ ] Call House Officer for: Temperature greater than 38.0° Celsius

Systolic BP greater than _________ or less than _________ mmHg

Heart Rate greater than _________ or less than _________ beats per minute

Respiratory Rate greater than _________ or less than _________ breaths per minute

Oxygen saturation less than 90% or increasing oxygen requirement

Telemetry: NSVT (>3 beats), complex configuration changes, pauses, etc (per unit policy)
Orthostatic BP and HR at admission, and as clinically indicated
Intake and Output per unit guidelines Call house office for urine output less than 120 mL / 4 hours
Daily Weights: Notify House Officer of weight gain greater than 2 kg in 24 hours
Oxygen at _____ Liters/min via ______ nasal cannula  other: _______ Titrate to maintain saturation greater than 90%
Foley catheter, routine care, secure.  BIPAP/CPAP at night (see Non-Invasive Positive Pressure Ventilation form)

IVS / IV MEDICATIONS: Access IV per unit guidelines  Fluids:
PICC placement (MUST complete form "Central Venous Line Placement by Interventional Radiology")

COMPLETE "PATIENT'S HOME MEDICATIONS AT ADMISSION RECONCILIATION & ORDERS" (NURS 90154)

MEDICATIONS: (INCLUDING PERFORMANCE MEASURES FOR HEART FAILURE, CAD, ATRIAL FIBRILLATION)

Beta blocker: ____mg PO time(s) per day  If not indicated, reason
ACEI/ARB: ____mg PO time(s) per day  If not indicated, reason
Spironolactone: ____mg PO time(s) per day  If not indicated, reason
Aspirin 81Mg PO daily  If not indicated, reason
Statin: ____mg PO time(s) per day  If not indicated, reason
Heparin drip: (See heparin order set)  If not indicated, reason
Warfarin: ____mg PO time(s) per day  If not indicated, reason
Furosemide: _______mg PO / IV time(s) per day  If not indicated, reason
See Colorado Pharmacy Formulary icon on Desktop for current Pharmacy Formulary and doses.

GI PROPHYLAXIS: Esomeprazole 40 mg PO daily (or pharmacy equivalent) Ranitidine 150 mg PO bid (or pharmacy equivalent)

DVT PROPHYLAXIS:
Dalteparin 5,000 Units SC daily  Heparin 5,000 Units SC tid (bid if weight <50 kg) SCDs
Not indicated: Reason _____________________

VACCINATIONS: Influenza vaccine per pharmacy protocol  Pneumococcal vaccine per pharmacy protocol

PRNS
Acetaminophen 650 mg PO q4hr prn pain  Senna 2 tabs PO bid (hold for >2 BM/day)
Other: _________________________

DIET
Cardiac  Diabetic _____cal ADA  Renal 2 Gram Sodium  House  NPO
NPO past midnight
Fluid Restriction: None 1500 ml  2000 ml  3000 ml

ACTIVITY
Bedrest  Bedrest with bathroom privileges  Up ad lib  Other _________________________
May shower without cardiac monitor  May not remove cardiac monitor

CONSULTS AND PREPARATION FOR DISCHARGE / PLANNING
Cardiology Case Manager – order per unit protocol
Nutrition Consult – order via Care Manager: educate on 2 low sodium diet and/or fluid intake
Physical Therapy Consult – order via Care Manager: for deconditioning / worsening heart failure, assess placement needs
Occupational Therapy Consult – order via Care Manager: for worsening heart failure, assess placement needs
Respiratory Therapy Consult: Indication _____________________
Smoking Cessation Program consult if patient reports smoking within previous 12 months – place order via Care Manager

EDUCATION
Provide and review Heart Failure, A Patient Teaching Guide Booklet (Doc Store#PED 00444)
Provide and review Smoking Cessation materials if patient reports smoking history within previous 12 months

ADDITIONAL ORDERS