APPENDIX C: SAMPLE COLORADO CHF ADMISSION ORDERS

TTEND	ING PHYSICIAN:							
Order #	ORDERING HEALTHCARE PROVIDER: GMI/UPI# 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						
		Respiratory Rate greater than						
		Oxygen saturation less than 90% or increasing oxygen requirement Telemetry: NSVT (>3 beats), complex configuration changes, pauses, etc (p						

Orthostatic BP and HR a Intake and Output per u Daily Weights: Notify Hc	nit guidelines 🗌 Call ho	ouse office for urine								
	/min via 🔲 nasal cannu are, secure. 🔲 BiPAP/0	ula 🗌 other: ——	— 🔲 Titra	ate to maintain saturation greater than 90); (C					
IVS/ IV MEDICATIONS:										
PICC placement (MUST	complete form "Centra	al Venous Line Place	ement by	Interventional Radiology")						
COMPLETE "PATIENT'S HC	ME MEDICATIONS AT	ADMISSION RECO	NCILIATIO	DN & ORDERS" (NURS 90154)						
MEDICATIONS: (INCLUDIN	MEDICATIONS: (INCLUDING PERFORMANCE MEASURES FOR HEART FAILURE, CAD, ATRIAL FIBRILLATION)									
Beta blocker:	mg PO			If not indicated, reason						
ACEI/ARB:	mg PO		oer day	If not indicated, reason						
Spironolactone:	mg PO	time(s) p	oer day	☐ If not indicated, reason						
Aspirin 81Mg PO daily	DO			☐ If not indicated, reason						
Statin:n	_	time(s) per day.		t indicated, reason						
☐ Heparin drip: (See hepar☐ Warfarin:		timo(s) r		t indicated, reason If not indicated, reason						
Furosemide:m See Colorado Pharmacy Fo	~		If not	t indicated, reason						
				Ranitidine 150 mg PO bid (or pharmac)					
DVT PROPHYLAXIS:										
☐ Dalteparin 5,000 Units S☐ Not indicated: Reason _		00 Units SC tid (bid	if weight ·	<50 kg) ☐ SCDs						
VACCINATIONS: Influer	nza vaccine per pharma	acy protocol 🔲 Pne	eumococ	cal vaccine per pharmacy protocol						
PRNS Acetominophen 650 mg O Other:		enna 2 tabs PO bid	(hold for :	>2 BM/day)						
DIET Cardiac Diabetic NPO past midnight Fluid Restriction: None] House	■ NPO						
ACTIVITY Bedrest Bedrest with May shower without car										
			IOTIICOI							
CONSULTS AND PREPARAT										
Cardiology Case Manag			ium diet e	und/ar fluid intaka						
■ Nutrition Consult – orde ■ Physical Therapy Consu placement needs				orsening heart failure, assess						
	Consult – order via Care	Manager: for worse	ening hea	ırt failure, assess placement needs						
Respiratory Therapy Cor			9							
Smoking Cessation Prog Care Manager	gram consult if patient re	eports smoking witl	hin previo	us 12 months – place order via						
EDUCATION										
Provide and review Hear	t Failure, A Patient Teac	hing Guide Booklet	t (Doc Sto	re#PED 00444)						
_				nistory within previous 12 months						
ADDITIONAL ORDERS										

A 4