



- SISTERS OF CHARITY HOSPITAL • Buffalo, NY SISTERS OF CHARITY HOSPITAL ST JOSEPH Campus • Cheektowaga, NY
- KENMORE MERCY HOSPITAL • Kenmore, NY MERCY HOSPITAL • Buffalo, NY MERCY HOSPITAL Orchard Park division • Orchard Park, NY

Congestive Heart Failure Admission Orders

DATE:	TIME:	PRESCRIBER ORDERS
--------------	--------------	--------------------------

MEDICATIONS Continued: (These items must be addressed; if not indicate reason).

- Nitrate: _____
- Inotrope: _____
- Digoxin (Lanoxin): _____
- Enteric Coated Aspirin _____ mg PO daily **Start today**
- Acetaminophen (Tylenol) 650 mg PO every 6 hours prn for pain or headache
- Docusate sodium (Colace) 100mg PO bid prn for constipation, hold if diarrhea or abdominal pain
- Milk of Magnesia 30 mL PO daily prn for constipation, may repeat once per day if no relief
- Tranquilizer: _____ prn for anxiety
- Hyponotic: _____ prn for insomnia
- Other Medications: _____

7. VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS: (May select more than one)

- Sequential Compression Device **and /or**
- Heparin 5,000 units subcutaneously q 8 Hr.
- Heparin 5,000 units subcutaneously q 12 Hr.
- Enoxaparin (Lovenox) 40 mg subcutaneously daily
- Other _____
- No VTE Prophylaxis (Reason: Not a candidate Contraindicated On IV heparin protocol Other _____)

8. LAB STUDIES: If not done in the ED

- CBC, CMP, Magnesium, Prothrombin time/PTT
- ABG (if admission SaO₂ is 91% or less on room air)
- Urinalysis
- BMP in AM
- BNP (B-type Natriuretic Peptide)
- Cardiac Markers: CKMB, Troponin I, Myoglobin; draw baseline, repeat in 90 minutes Repeat Cardiac CKMB, Troponin I in 6 hours
- Digoxin level
- TSH
- Other labs: _____

9. DIAGNOSTICS

- EKG on admission - Reason: CHF
- Chest x-ray – Reason CHF PA & lateral Portable
- LV function evaluation for CHF
 - 2 D ECHO
 - MUGA

If not, Why? _____

10. REFERRALS:

- Care Management
- CHS Home Care Evaluation for CHF telemonitoring program evaluation
- Cardiac Rehabilitation
- Physical Therapy
- Referral to CHS subacute care for cardiac/CHF rehab protocol evaluation
- Other: _____

Prescriber Signature: _____