**Allergies & Sensitivities:**
- No Known Allergies

(Indicates automatic order. MD to draw line through to discontinue)

**Congestive Heart Failure Admission Orders**

Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
<th>PRESCRIBER ORDERS</th>
</tr>
</thead>
</table>
|       |       | **Level of care:** Admit to:  
- Observation  
- Admit to Ambulatory surgery (ASU)  
- Admit to Inpatient  
|       |       | **Location:**  
- Med Surg  
- Telemetry *(Indication)*  
- Critical Care Unit  
|       |       | **Diagnosis:** Congestive Heart Failure  
**Condition:** Stable Fair Serious Critical  
**Admitting Physician:** ________________________________  
|       |       | **Consults:** ________________________________  
|       |       | **Obtain Health Care Proxy if not available**  
|       |       | **Vital Signs q 4 Hr X 24 hours, then every 8 Hr**  
|       |       | **Notify MD if:** BP less than 90 or greater than 170, HR less than 50 or greater than 120, RR greater than 24, SPO2 less than 88%, Temp less than 95°F or greater than 101°F  
1. **ACTIVITY:**  
- Progressive activity as tolerated  
2. **DIET:**  
- Regular  
- 2 gram NA+  
- Low Fat, Low Cholesterol  
- ________ Calorie Consistent Carbohydrate (ADA)  
- Fluid restriction ________ mL/24 hours (if appropriate for hyponatremia)  
3. **NURSING ASSESSMENTS/INTERVENTIONS:**  
- Weight on admission and every AM  
- Saline trap  
- Intake and output every 8 hours  
- Call MD in 6 hours if post diuretic output is less than ________ mL  
- Cardiac monitor  
- May discontinue cardiac monitor for tests  
- Other ____________________________________________  
4. **PATIENT EDUCATION**  
- Cardiac Education  
- Smoking Cessation  
5. **RESPIRATORY:**  
- Oxygen per nasal cannula to maintain SaO2 greater than 92%  
- Monitor SaO2 with O2 on; if less than 92% maintain current liter flow and notify Physician; if greater than 92% discontinue O2  
- Repeat SaO2 after 30 minutes  
6. **MEDICATIONS:**  
- Diuretics: ________________________________  
- ACE Inhibitor/ARB:  
- Contraindicated and why: ________________________________  
- Beta Blocker:  
- Contraindicated and why: ________________________________  
- Spironolactone (Aldactone):  
- Other: ________________________________  
- Contraindicated and why: ________________________________  

Prescriber Signature: ____________________________________________  

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### 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:  
- Hypnotic:  
- Other Medications:  

<table>
<thead>
<tr>
<th>7. VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS: ( May select more than one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Sequential Compression Device <em>and/or</em></td>
</tr>
<tr>
<td>□ Heparin 5,000 units subcutaneously q 8 Hr.</td>
</tr>
<tr>
<td>□ Heparin 5,000 units subcutaneously q 12 Hr.</td>
</tr>
<tr>
<td>□ Enoxaparin (Lovenox) 40 mg subcutaneously daily</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
<tr>
<td>□ No VTE Prophylaxis (Reason: □ Not a candidate □ Contraindicated □ On IV heparin protocol □ Other________)</td>
</tr>
</tbody>
</table>

**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  
  - 2D 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: ___________________________ ___________________________  

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