

USE BALL POINT PEN - WRITE FIRMLY  
DO NOT WRITE ON REVERSE SIDE - CONTINUE ON NEW SHEET

|      |      |            |   |
|------|------|------------|---|
| DATE | TIME | ALLERGIES: | Scanned: <input type="checkbox"/> YES <input type="checkbox"/> NA |
|------|------|------------|---|

### CONGESTIVE HEART FAILURE ORDERS

The Hospital has instituted a therapeutic drug interchange policy with Medical Executive approval. If therapeutic interchange is not acceptable, indicate "no substitutions" next to order.

#### CHECK ALLERGIES BEFORE WRITING MEDICATION ORDERS

\*\*\* All orders will be performed unless crossed out. Please check boxes as needed\*\*\*  
Medications will not be administered if patient has documented allergy.

**General:**

1. Place in Observation Services:  Med/Surg  Telemetry  Other: \_\_\_\_\_
2. Admit to Inpatient:  Med/Surg  Telemetry  ICU
3. Code Status:  Full  Partial:  Shock  Chemical  Other: \_\_\_\_\_  DNR
4. Vital signs: per unit standards
5. Activity:  BRP and progress as tolerated; up in chair for meals  
 Other: \_\_\_\_\_
6. Weight on admission; Daily weights by 0600.
7. Strict intake and output
8. May insert foley prn if unable to void
9. Nasal cannula O2 to keep SPO2 greater than 92%
10. Diabetic patients: Fingerstick blood glucose. Record on Diabetic Flowsheet.  BID  AC & HS
11. Diet: AHA Step I Low Cholesterol with 2 gram Sodium restriction OR  
 2000 ml or \_\_\_\_\_ ml fluid restriction  ADA \_\_\_\_\_ calorie

**Diagnostic Studies (if not performed in the Emergency Department):**

1. BNP
2. Hemogram with differential
3. CMP
4. BMP every morning X 2 days or daily if on diuretic therapy
5. Potassium level BID if on continuous infusion of loop diuretic
6. Portable CXR
7. EKG - on admission and in am
8. PT/INR now and every am, if receiving Warfarin
9. Serum magnesium, calcium, phosphorus; now and  daily  every other day
10. Core measure: Left Ventricular Function documentation must be completed. If not available, write separate order for Echocardiogram.  
LVF from prior office or hospital visit in last 6 months \_\_\_\_\_  
  - OR Detailed plan to assess after discharge \_\_\_\_\_
  - OR Reason for not assessing \_\_\_\_\_ Cardiology Consult: Dr. \_\_\_\_\_  
 Cardiac Markers (CK, CK-MB, Troponin)  
 TSH  
 Digoxin level  
 Urinalysis  
 Fasting lipid profile

|               |      |      |                                       |
|---------------|------|------|---------------------------------------|
| Transcriber:  | DATE | TIME | PHYSICIAN SIGNATURE OR AUTHENTICATION |
| RN Verifying: | DATE | TIME |                                       |

|                 |            |
|-----------------|------------|
| Account Number: | MR Number: |
| Patient Name:   |            |
| Admit Date:     |            |



**St. Luke's  
Medical Center**

1800 East Van Buren St.  
Phoenix, Arizona 85006

|                           |     |     |    |    |       |    |     |    |
|---------------------------|-----|-----|----|----|-------|----|-----|----|
| DOB                       | Age | Sex | HT | WT | RM-BD | PT | SVC | FC |
| Allergies:                |     |     |    |    |       |    |     |    |
| Attending Physician Name: |     |     |    |    |       |    |     |    |



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**CONGESTIVE HEART FAILURE ORDERS**

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**CHECK ALLERGIES BEFORE WRITING MEDICATION ORDERS**

**Medications**

- Discontinue all non-steroidal anti-inflammatory drugs, COX-2 inhibitors, thiazolidinediones, and metformin-containing medications.
- Diuretic therapy: (monitor K+ and serum creatinine; hold diuretic and notify physician for increase in creatinine greater than 0.2 mg/dL from admission value)
  - Furosemide 40 mg IV BID or \_\_\_\_\_ IV / PO (circle one) every \_\_\_\_\_ hours (recommended every 8 or every 12 hours)
  - Metolazone \_\_\_\_\_ mg PO daily
  - Spironolactone \_\_\_\_\_ mg PO daily
  - Furosemide 1 mg/ml continuous infusion. Start at 10 mg/hour. Increase by 10 mg/hour every 4 hours (max 40 mg/hour until goal urine output of \_\_\_\_\_ ml/hour achieved.
  - Other: \_\_\_\_\_
- Core measure:
  - ACE-inhibitor (ACEI) / Angiotensin Receptor blocker (ARB) therapy: Continue current dose from home medication form. Hold if SBP less than 90mmHg and/or K+ greater than 5.5mmol/L. DO NOT USE IF ANGIOEDEMA IS PRESENT
  - If not on ACEI or ARB therapy at home and no documented allergy, start lisinopril 5 mg PO daily X 1 dose, then 10mg PO daily. Hold if SBP less than 90mmHg and/or K+ greater than 5.5mmol/L. DO NOT USE IF ANGIOEDEMA IS PRESENT
  - If patient allergic or cannot tolerate ACE inhibitor, start losartan 25 mg PO daily. Hold for SBP less than 90 mmHg or if symptomatic)
  - If not prescribing ACEI/ARB therapy, document reason \_\_\_\_\_
- Other new medication orders (see home medication form to continue existing medications):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Influenza Vaccine: 0.5 ml dose IM at 0900 next day (if patient greater than 50 years of age, during months of Oct. to Feb, patient has not received vaccine within pass 6 months, and patient is afebrile.)  
If not given, document reason: \_\_\_\_\_
- Pneumococcal Vaccine: 0.5 ml dose IM at 0900 next day (If patient age greater than 65 years, screen for co-morbidities, patient is afebrile, and administer if indicated.)  
If not given, document reason: \_\_\_\_\_

**Education:**

- Core measure: Provide copy of CHF teaching packet and consult cardiac rehab to provide discharge medication instruction. Document in education record.
- Clinical nutrition consult.
- Core measure: Provide Smoking cessation education if patient is a smoker or if patient has smoked in the last 12 months. Document in education record.

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