



### Standing Admission Order Heart Failure

Admitting Physician: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Admit Inpatient:  Med/Surg  Telemetry  ICU  
 Place in Observation Services:  Med/Surg  Telemetry  Other: \_\_\_\_\_  
 Diagnosis:  New Onset Heart Failure  Acute Exacerbation Heart Failure  Other: \_\_\_\_\_  
 Condition:  Stable  Guarded  Critical  Good  Fair  Poor  
 Consult:  Cardiology: \_\_\_\_\_  Case Management  
 Pulmonary: \_\_\_\_\_  Dietary for instruction for patient and family regarding diet  
 Other: \_\_\_\_\_  
 Allergies:  \_\_\_\_\_

Code Status:  Full  DNR

Vital Signs:  Per unit protocol  Every shift  every \_\_\_\_\_ hours  Other: \_\_\_\_\_  
 Call for SBP more than \_\_\_\_\_ SBP less than \_\_\_\_\_ DBP more than \_\_\_\_\_ DBP less than \_\_\_\_\_

Activity:  Bed rest  Up in chair  Bedside commode  Ambulate ad lib  Bathroom privileges only

Nursing:  Daily weight  Intake & Output  Foley to drainage  Sequential Compression Device (SCD)  
 Pulse oximeter  every shift  twice a day  Continuous monitor  
 Glucose checks AC and at bedtime or every \_\_\_\_\_ hrs  
 Fluid restriction: \_\_\_\_\_ ml/days  
 Other: \_\_\_\_\_

Diet:  Regular  Mechanical soft  Restrict fluid \_\_\_\_\_  Sodium restricted \_\_\_\_\_ mg  
 Cardiac/Heart Healthy  Diabetic (specify) \_\_\_\_\_ calorie  Renal/Kidney  
 Clear Liquid  Full Liquid  NPO  Other: \_\_\_\_\_

Fluids:  Intravenous: \_\_\_\_\_ @ \_\_\_\_\_ ml/hr  
 Saline lock  
 Other: \_\_\_\_\_

Oxygen:  Nasal Cannula \_\_\_\_\_ L/min, adjust to keep O2 sat greater than 92%  
 Venti Mask \_\_\_\_\_ % FIO2  100% NRB  
 Other: \_\_\_\_\_

Protocols (if available): All protocol orders must be placed in chart  
 Weight Based Heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring is included)  
 Insulin Infusion Protocol (ICU patients only)

Labs:  Troponin (STAT, repeat 90min, and 12 hrs)  CPK  Myoglobin  
 BMP  CMP  BNP  D-Dimer  Phosphorus  Fasting lipid profile  
 TSH  UA  CBC  ABG  Digoxin level  Magnesium  
 Other Labs: \_\_\_\_\_

Studies:  CXR:  Portable  PA/Lateral  
 EKG now and in the AM  
 STAT EKG PRN with chest pain or palpitations  
 Echocardiogram Dr. \_\_\_\_\_ to read  
 Nuclear Cardiac Scan (assess wall motion, EF)  
 Other: \_\_\_\_\_

**Core Measure: If LVSD not assessed this hospitalization, document prior EF or reason test not performed:**

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

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

 <b>Salt Lake Regional</b> MEDICAL CENTER 1050 East South Temple - Salt Lake City - Utah 84102 (801) 350-4111	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									

**Medications: Check the appropriate box. (Avoid all NSAID drugs, COX-2 inhibitors, Thiazolidineones, Metformins)**

- Furosemide (Lasix) \_\_\_\_\_ mg  IV  PO BID or every \_\_\_\_\_ hrs
- Furosemide (Lasix) 1 mg/ml continuous IV infusion. Start at 10 mg/hr.
- Increase by 10 mg/hr every 4 hrs (max 40mg/hr) until urine output goal of \_\_\_\_\_ ml/hr achieved
- Metolazone (Zaroxolyn) \_\_\_\_\_ mg PO daily; give 30 minutes before Furosemide dose
- Metolazone (Zaroxolyn) \_\_\_\_\_ mg PO daily
- Spironolactone (Aldactone) \_\_\_\_\_ mg PO daily
- Carvedilol (Coreg)  10 mg PO daily  20 mg PO daily  40 mg PO daily  80 mg PO daily
- Digoxin (Lanoxin)  0.125 mg  0.25 mg  PO daily  IV daily
- Morphine sulfate 2mg IV every 2 hr PRN dyspnea
- Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hrs (renal dosing)
- Lisinopril (Zestril, Prinivil) 5 mg PO x 1, then 10mg PO daily. If allergic or intolerant to ACEI, use Losartan (Cozaar) 25mg PO daily.
- Hold if SBP less than 90mm or K+ \_\_\_\_\_ 5.5 mmol/L or Creatinine \_\_\_\_\_ 2.5.
- Lorazepam (Ativan)  0.5mg PO every 6 hrs PRN  1 mg PO every 6 hrs PRN as needed for anxiety
- Famotidine (Pepcid) 20 mg  IV twice daily  PO twice daily
- Pantoprazole (Protonix) 40mg  IV once daily  PO once daily
- KCL (Micro-K)  20 mg PO daily  40 mEq PO daily
- Nicotine \_\_\_\_\_ mg topical patch apply daily
- Temazepam (Restoril) 15 mg PO at bedtime PRN sleep. May repeat dose once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea and vomiting
- Percocet 5/325 mg PO every 4 hours PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hours PRN severe pain (unless patient is allergic to codeine or morphine)

**Standard Medications: (all orders below will be implemented unless crossed out)**

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F (not to exceed 4 grams per 24 hours)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO PRN constipation
- Maalox 30 ml PO PRN heartburn

**Vaccination: Check for prior vaccination status. If none given, administer when patient afebrile and vital signs stable.**

- Pneumococcal Vaccination 0.5 ml IM if patient more than 65 years
- Influenza Vaccination 0.5 ml IM if patient more than 50 years (October through March)

**Additional Meds:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**Salt Lake Regional**  
MEDICAL CENTER

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(801) 350-4111

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Allergies:								
Attending Physician Name:								