

Heart Failure - Supplemental**Admission, Adult****Page 1 of 2**

- Orders in this order set supersede the General Admission Order Set. (*) sections contain diagnosis specific evidenced-based orders that may vary from the general admission orders.

Consults

- Consult to cardiology Dr. _____ Re: _____

Diet *

- Diet, fluid restricted 1000 ml / day
 Diet, fluid restricted 2000 ml / day
 Diet, fluid restricted None
 Diet, fluid restricted Other: _____


Vital Signs*

- Telemetry
 Measure weight on admission and then daily at the same time each day.
 Measure blood pressure, orthostatic in both arms on admission and then daily.
 Measure intake and output every shift

Medications - Scheduled** *Angiotensin-Converting Enzyme Inhibitors or Angiotensin Receptor Blockers***

- Not indicated/ contraindicated Reason: _____
 Receiving medication / see home medication record
 lisinopril 5 mg orally once a day
 enalapril 2.5 mg orally once a day
 enalaprilat _____ mg intravenous push every _____ hours
 captopril 12.5 mg orally 3 times a day
 losartan 25 mg orally once a day
 Other: _____

 *Beta-Blockers*

- A beta-blocker should be prescribed upon discharge for patients with an ejection fraction less than or equal to 40% 
- Not indicated/ contraindicated Reason: _____
 Receiving medication / see home medication record
 carvedilol 6.25 mg orally 2 times a day, with meals
 carvedilol 12.5 mg orally 2 times a day, with meals
 metoprolol SR 25 mg orally once a day
 metoprolol tartrate 12.5 mg every 12 hours
 Other: _____

Vasodilators

- Consider vasodilator therapy in patients who are of African-American descent, symptomatic on ACE / ARB or have a contraindication to ACE / ARB
- HydrALAZINE / Isosorbide
- hydrALAZINE 25 mg tab 4 times a day
- isosorbide dinitrate 20 mg 3 times a day
 Other: _____

Physician Initials: _____

**Please initial each place that a deletion, addition, or strike through has occurred.
Any changes made after initial authentication requires a new order sheet.**

Heart Failure - Supplemental Admission, AdultPage 2 of 2

Diuretics

- hydrochlorothiazide 25 mg orally once a day
- furosemide _____ mg intravenously _____ times per day
- furosemide 40 mg orally _____ times per day
- furosemide 80 mg orally _____ times per day
- metolazone 5 mg orally once a day **Pharmacy to order daily K, if not already ordered
- Other: _____

Other Medication Orders

- aspirin, delayed release 81 mg orally once a day
- clopidogrel 75 mg orally once a day
- potassium chloride 20 milliequivalent orally _____
- simvastatin 20 mg orally once a day, in the evening
- spironolactone 25 mg orally once a day **Do not use if Cr > 2.5(M) or >2 (F) or if K is greater than or equal to 5**
- warfarin 2.5 mg orally _____. Indication: _____
- warfarin _____ mg orally _____. Indication: _____
- magnesium oxide 400 mg tab orally _____ times per day
- Other: _____

Medications - PRN

- morphine 2 mg intravenously every 10 minutes PRN for pain or dyspnea
- nitroglycerin 0.4 mg sublingually every 5 minutes for 3 doses PRN for chest pain
- Other: _____

Nursing

- Draw magnesium level if potassium is less than 3.5
- Education, Congestive Heart Failure



Laboratory

- B-type natriuretic peptide (BNP) ASAP
- Basic metabolic panel daily
- Cardiac Reflex Panel STAT
- Digoxin level
- Lipid panel ,fasting
- Magnesium (Mg) level, serum ASAP
- Thyrotropin (TSH)

Diagnostic Tests

- 12-lead ECG
- Radiograph, chest, 1 view (PA)
- Radiograph, chest, 2 views (PA and Lateral)

Left Ventricular Function Assessment

- Left ventricular assessment not done. Reason: _____
- Planned after discharge
- Echocardiogram, transthoracic 
- Echocardiogram, transesophageal 

Consults*

- Consult to cardiac rehabilitation
- Consult to dietitian, adult to teach low salt diet
- Consult to heart failure nurse

Physician Signature: _____

Date: _____ Time: _____

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