

CONGESTIVE HEART FAILURE (CHF) TREATMENT KARDEX

DIET / DATE	ACTIVITY DAY 1 - Bedrest DAY 2 - OOB as tolerated DAYS 3 / 4 - ambulate as tolerated	ADVANCED DIRECTIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	VITAL SIGNS Q 4° or as per routine	NEURO CHECKS		RESP SUPPORT Pulse O_x now & Q am O ₂ : _____ MODE FIO ₂ TV Rate PEEP PS	DISCONTINUE IF HYPOXIA RESOLVED	CODE STATUS
FLUID RESTRICTION D _____ E _____ N _____	POSITION HOB elevated 30 degrees		INTAKE/OUTPUT Q Shift with 24 hr net totals	A-LINE	IABP			WT: _____ 1. Admission weight prior to diuretic therapy. 2. Weigh daily & record. HT: _____
TF / RATE _____								
NPO								
NEXT OF KIN: PHONE _____		ALLERGIES			CONDITION		TEAM	
SPECIAL NOTICES		KNOWN EJECTION FRACTION _____ %		DATE		IV FLUIDS / RATE		
ADMIT TO:		TELEMETRY MONITORING <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> Saline Lock		
DATE						<input type="checkbox"/> IV Fluids: _____ @ _____ ml / hr		
	<input type="checkbox"/> Initiate CHF Clinical Pathway					<input type="checkbox"/> 100 mg Lasix in 100mL NS @ _____ ml / hr		
	<input type="checkbox"/> Nutrition Assessment Screening					<input type="checkbox"/> Natreacor Bolus 2 mcg / kg IV over 60 seconds;		
	<input type="checkbox"/> Instruction & Diet Principles					then 0.01 unit / kg / min IV infusion		
	<input type="checkbox"/> Breath Sounds, Cardiac Auscultation q 4 hours					<input type="checkbox"/> 400 mg Dopamine in 250 D5W @ _____ micrograms / kg / min		
	<input type="checkbox"/> Measure Peripheral Edema q 4 hours					<input type="checkbox"/> 500 mg Dobutamine in 250 D5W @ _____ micrograms / kg / min		
	<input type="checkbox"/> Insert Foley Catheter; discontinue Day 3 if indicated							
	<input type="checkbox"/> Issue CHF Patient Teaching Booklet							
	<input type="checkbox"/> Initiate Health Teaching Plan - Day 1							
	<input type="checkbox"/> Initiate Discharge Teaching Plan - Day 3							
	<input type="checkbox"/> Review all Patient / Family Teaching - Day 4							
ROOM	RELIGION	SURGICAL PROCEDURE		SURGEON		* CARDIOLOGIST *		CONSULTS

DATE	DAILY		DATE	CONSULTS:
	<input type="checkbox"/> CKO <input type="checkbox"/> CK4 <input type="checkbox"/> CK8			<input type="checkbox"/> Skin Care
				<input type="checkbox"/> Orders / Treatments:
	PT / PTT			
	ACCUCHECKS			
	H/H			
				<input type="checkbox"/> Social Service
				<input type="checkbox"/> Case Management Referral
				<input type="checkbox"/> Physical Therapy Referral
				<input type="checkbox"/> Cardiology Consult (if no clinical improvement Day 2)
				<input type="checkbox"/> ICU Consult
				<input type="checkbox"/> Dietary Consult
DATE ORDERED	AS ORDERED	DATE DONE	DATE / RENEW	RESPIRATORY ORDERS , Nebs, CPT
	<input type="checkbox"/> 12 lead EKG, Chest X-Ray			
	<input type="checkbox"/> CXR in AM			
	<input type="checkbox"/> Echocardiogram (if >6 months)			
	<input type="checkbox"/> Retrieve EF from prior Echocardiogram & record in Pt's Medical Information File			
	LABS:			
	<input type="checkbox"/> ABG if Pulse Ox < 90%			
	<input type="checkbox"/> CBC, BMP, U/A now		DATE	WOUND DRESSING CHANGES
	<input type="checkbox"/> BNP <input type="checkbox"/> Cholesterol <input type="checkbox"/> CMP2			
	<input type="checkbox"/> BMP in AM			

DATE	BLOOD TRANSFUSION ORDERS	DISCHARGE PLANNING	INVASIVE LINES
		Initiate Discharge Planning: Review Discharge Plan - Day 3	PA Size Inserted Site D / C
		Discharge Day 4 -or- Validate continued stay in Physician's Progress Notes	CENTRAL LINE #1 Inserted Site D / C
		ANTICIPATED DISPOSITION: <input type="checkbox"/> HOME <input type="checkbox"/> HOME w/ HOME CARE Specify: _____ _____ _____	CENTRAL LINE #2 Inserted Site D / C
DATE	RESTRAINT ORDERS	<input type="checkbox"/> N H <input type="checkbox"/> N H Placement Other: _____ Home Care Agency: _____ _____	ART LINE Inserted Site D / C
			CHEST TUBE #1 Inserted Site D / C
			CHEST TUBE #2 Inserted Site D / C
DATE	MISCELLANEOUS		FOLEY Size Inserted D / C
	Electrical Precautions Initiated		NGT Size Inserted D / C
			ETT / TRACH Size Inserted D / C
AGE	NAME	DIAGNOSIS	IABP Inserted D/C <input type="checkbox"/> TEACHING <input type="checkbox"/> NONTEACHING

