# Congestive Heart Failure

## PHYSICIAN'S ORDER SHEET

*ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT*  
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.

### PHYSICIAN ORDER

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>(Military Time)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Admit To: __________ Teaching _______ Non-Teaching _______

2. Initiate CHF Clinical Pathway

3. Telemetry Monitoring  
   - Yes
   - No
   - Cardiologist ________________

4. 12 Lead EKG

5. Chest X-Ray _______________; Repeat in AM if indicated.

6. Choose one:
   - Known ejection fraction ________ %
   - Echocardiogram (if > 6 months)
   - Retrieve EF from previous Echocardiogram and record in Patient's Medical Information File

7. Pulse Ox now and q AM  
   - ABG if Pulse Ox < 90%.
   - Oxygen Therapy _______________. Discontinue if Hypoxia resolved.

8. Labs (check all to be drawn)
   - CBC, BMP, U/A, Now
   - BNP
   - CK0, CK4, CK8
   - Cholesterol
   - CMP - 2
   - BMP in AM

9. Activity:

---

**FAXED BY/TIME:**  
**TIME NOTED:**

Doctor's Signature ____________________________, MD  Date __________

Nurse's Signature / Title ________________________________

**PART OF THE MEDICAL RECORD**
## Nutrition

11. **Saline Lock**

   - **IV Fluids:** ____________________________ at __________ ml / hr.

## Treatments / Assessments

12. **Admission weight prior to diuretic therapy, then q AM**

13. **I & O q shift with 24 hour net totals**

14. **Breath sounds, cardiac auscultation q 4 hours**

15. **Measure peripheral edema q 4 hours**

16. **Vital signs q 4 hours or as per unit routine**

17. **Insert foley catheter; discontinue Day 3, if indicated**

## Consults

13. **Case Management Referral**

14. **Physical Therapy Referral**

15. **Cardiology Consult (if no clinical improvement Day 2)**

16. **ICU Consult**

## Initiate Discharge Planning

14. **Review Discharge Plan - Day 3**

15. **Issue CHF Patient Teaching Booklet**

## Patient Teaching

15. **Initiate Health Teaching Plan - Day 1**

16. **Initiate Discharge Teaching Plan - Day 3**

17. **Review all patient / family teaching - Day 4**

---

**Doctor's Signature** ____________________________, MD  **Date** __________

**Nurse's Signature / Title** ________________________________________________
16. Discharge Day 4 -or- validate continued stay in Physician’s Progress Notes.

17. Diuretic Therapy
   A. Give Lasix Bolus of _________ mg. Slow IVP
      (Range 20 - 80 mg IV; max 1 gm / day)
      □ If inadequate urine output at 30 min and SBP > 110, then
         □ Repeat initial Bolus
         □ Administer doubled Bolus
         } Select One
   B. 100 mg Lasix in 100 ml NS at __________ ml / hr.
   C. □ Bumetanide (Bumex) Bolus of _____ mg IV
      □ Bumetanide (Bumex) _____ mg IV BID
   D. □ Zaroxolyn _____ mg po once a day
   E. □ Aldactone _____ mg po TID
   F. □ Natrecor Bolus 2 mcg / kg IV over 60 seconds; then 0.01 mcg / kg / min IV infusion

18. Other Medications
   Beta Blocker ________________________________
      □ Contraindications ________________________________
   ACE Inhibitor ________________________________
      □ Contraindications ________________________________
   Subq Heparin ________________________________ discontinue - Day 3 if ambulating
   Digoxin ________________________________
   Potassium Supplement ________________________________
   Nitrates ________________________________

19. 6S / ICU / 2S ONLY:
   400 mg Dopamine in 250 DSW at __________ mcg / kg / min
   500 mg Dobutamine in 250 DSW at __________ mcg / kg / min