



Last Admit Date:

CONGESTIVE HEART FAILURE ORDERS

● CORE MEASURE REQUIREMENT

DIAGNOSIS		CONGESTIVE HEART FAILURE	
ADMIT TO Dr. _____ (with Dr. _____ covering) <input type="checkbox"/> Hospitalist			
STATUS <input type="checkbox"/> Referred for Observation <input type="checkbox"/> Inpatient <input type="checkbox"/> OPS		Expected LOS > two midnights <input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICAL NECESSITY DATA (S&S, LAB/XRAY REPORTS etc)			
SERVICE <input type="checkbox"/> Medical <input type="checkbox"/> Surgical <input type="checkbox"/> ICU/IMCU <input type="checkbox"/> WH <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pediatrics <input type="checkbox"/> Ortho			
CONDITION <input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Poor <input type="checkbox"/> Critical <input type="checkbox"/> Continue DNR			
CONSULT <input type="checkbox"/> Dr. _____ <input type="checkbox"/> Done <input type="checkbox"/> Page on Arrival <input type="checkbox"/> Page in AM			
CONTACT MD	<input type="checkbox"/> For any question/problems <input type="checkbox"/> In AM w/ room # <input type="checkbox"/> On arrival to floor <input type="checkbox"/> Further Orders		
ACTIVITY	<input type="checkbox"/> AS TOLERATED <input type="checkbox"/> BED REST <input type="checkbox"/> BATHROOM PRIVILEGES <input type="checkbox"/> ELEVATE HOB 30-40 DEGREES		
DIET	<input type="checkbox"/> DIETARY CONSULT <input type="checkbox"/> AS TOLERATED _____ CAL ADA <input type="checkbox"/> LOW SODIUM <input type="checkbox"/> LOW CHOLESTEROL		
NURSING	VITALS: <input type="checkbox"/> EVERY 2 HOURS <input type="checkbox"/> EVERY 4 HOURS <input type="checkbox"/> EVERY 8 HOURS <input type="checkbox"/> OTHER: _____ <input checked="" type="checkbox"/> TELEMETRY <input checked="" type="checkbox"/> DAILY WEIGHT - INTAKE AND OUTPUT Q SHIFT <input checked="" type="checkbox"/> COMPLETE DVT RISK ASSESSMENT <input checked="" type="checkbox"/> ● CONGESTIVE HEART FAILURE DISCHARGE INSTRUCTIONS <input checked="" type="checkbox"/> ● PROVIDE SMOKING CESSATION COUNSELING - IF SMOKER <input type="checkbox"/> OTHER:		
LAB	ON ADMIT IF NOT DONE IN ED: <input checked="" type="checkbox"/> ● CBC, CMP, MAGNESIUM, TSH, BNP, PT (IF ON COUMADIN) <input checked="" type="checkbox"/> ● CKMB/TROPONIN EVERY 3 HOURS X 2 (INCLUDES INITIAL IN ED), THEN DAILY X 1 CALL MD IF POSITIVE		
AM LABS	<input checked="" type="checkbox"/> ● CBC, BMP, FASTING LIPID PANEL, BNP		
IMAGING	ON ADMIT IF NOT DONE IN ED: <input checked="" type="checkbox"/> ● CXR <input type="checkbox"/> ● ECHOCARDIOGRAM: LATEST REPORT TO CHART EF: _____ DATE: _____ <input type="checkbox"/> AM STUDIES: CXR, ECHOCARDIOGRAM IF NO PREVIOUS REPORT AVAILABLE		
CARDIO-PULMONARY	<input type="checkbox"/> O2: _____ L/M <input type="checkbox"/> NASAL CANNULA <input type="checkbox"/> PRN <input type="checkbox"/> VENTIMASK _____% <input type="checkbox"/> NON-REBREATHER <input type="checkbox"/> EKG EVERY 3 HOURS X 2 AND PRN CHEST PAIN (INCLUDES INITIAL DONE IN ED), THEN DAILY X 1 CALL MD IF POSITIVE		
MEDICATION ORDERS (If Checked) MD Please Specify Drug, Dose and Frequency	<input checked="" type="checkbox"/> ● VERIFY PNEUMONIA / INFLUENZA VACCINATION STATUS AND ADMINISTER PER IMMUNIZATION SCREENING GUIDELINES <input type="checkbox"/> NORMAL SALINE @ _____ ML/HR <input type="checkbox"/> ADD KCL _____ MEQ/LITER <input type="checkbox"/> SALINE LOCK <input type="checkbox"/> ADULT PRN MEDICATION PROTOCOL <input type="checkbox"/> ● ACE/ARB _____ PO EVERY _____ HOURS IF EF <40% (HOLD IF SBP ≤100) <input type="checkbox"/> ● BETA BLOCKER _____ PO EVERY _____ HOURS IF (HOLD IF SBP ≤100 OR HR ≤50) <input type="checkbox"/> LASIX 20 40 60 80 (circle) MG PO or IV (circle) EVERY _____ HRS <input type="checkbox"/> SPIRONOLACTONE _____ PO EVERY _____ HOURS <input type="checkbox"/> ASPIRIN 325MG PO EVERY DAY <input type="checkbox"/> PLAVIX 75MG PO EVERY DAY <input type="checkbox"/> ZOFRAN 4MG IV EVERY 6 HRS PRN Nausea/Vomiting <input type="checkbox"/> NTG OINT _____ INCH TO ACW Q 8HRS (HOLD IF SBP ≤ 100 OR HR 50)		

LAST, FIRST MNAME ROOM-BED s
V1234 t 04/30/2008 M1234 m
04/30/2008 00M 07D

