

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

Heart Failure

Version 2 1/27/14

- This order set must be used with an admission order set if patient not already admitted

Nursing Orders

- Medical Telemetry: Patient may be off telemetry for showering or transport for diagnostic tests [] Yes [] No
- Vital Signs Orthostatic daily
- Education, heart failure
- Fluid Restriction (PO + IV) Adult: PO+IV fluid restriction per 24 hours: _____ mL

Medications

Aldosterone Antagonists

spironolactone (ALDACTONE)

- 12.5 milligram orally once a day
- 25 milligram orally once a day

Angiotensin-Converting Enzyme Inhibitors

- For patients with systolic heart failure, without hemodynamic instability, an ACE inhibitor should be used; for patients who are intolerant to an ACE inhibitor due to cough, an ARB should be given

lisinopril (PRINIVIL)

- 2.5 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg
- 5 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg
- 10 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg

ramipril (ALTACE)

- 2.5 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg
- 5 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg

Angiotensin Receptor Blockers

- For patients with systolic heart failure, without hemodynamic instability, an ARB should be given to patients who are intolerant to ACE inhibitors (except when intolerance is due to renal insufficiency or hyperkalemia)
- For patients with systolic heart failure, the evidence for administering the combination of an ACE inhibitor plus an ARB is conflicting

losartan (COZAAR)

- 50 milligram orally once a day
- 100 milligram orally once a day

valsartan (DIOVAN)

- 40 milligram orally 2 times a day
- 80 milligram orally 2 times a day

Beta-Blockers

carvedilol (COREG)

- 3.125 milligram orally 2 times a day -Hold for systolic blood pressure less than 90 mmHg or Heart rate less than 50 bpm
- 6.25 milligram orally 2 times a day -Hold for systolic blood pressure less than 90 mmHg or Heart rate less than 50 bpm
- 12.5 milligram orally 2 times a day -Hold for systolic blood pressure less than 90 mmHg or Heart rate less than 50 bpm

metoprolol tartrate (LOPRESSOR)

- 25 milligram orally 2 times a day -Hold for systolic blood pressure less than 90 mmHg or Heart rate less than 50 bpm
- 50 milligram orally 2 times a day -Hold for systolic blood pressure less than 90 mmHg or Heart rate less than 50 bpm

Initials _____

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metoprolol succinate (TOPROL-XL)

- 25 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg or Heart rate less than 50 bpm
- 50 milligram orally once a day -Hold for systolic blood pressure less than 90 mmHg or Heart rate less than 50 bpm

Cardiac Glycosides

- For patients with diastolic heart failure, the evidence for use of digoxin is inconclusive

digoxin (LANOXIN) loading doses- Select all

digoxin (LANOXIN)

- 0.5 milligram intravenously once initial dose

digoxin (LANOXIN)

- 0.25 milligram intravenously every 6 hours x 2 BEGIN 6 hours following initial dose

digoxin (LANOXIN) maintenance- Select:

digoxin (LANOXIN)

- 0.125 milligram intravenously once a day maintenance dose- BEGIN day following loading doses
- 0.125 milligram orally once a day maintenance dose- BEGIN day following loading doses
- 0.25 milligram intravenously once a day maintenance dose- BEGIN day following loading doses
- 0.25 milligram orally once a day maintenance dose- BEGIN day following loading doses

Diuretics: Loop

furosemide (LASIX) IV options

- 40 milligram intravenously once
- 80 milligram intravenously once
- _____ milligram intravenously every _____ hour

furosemide (LASIX) Oral options

- 20 milligram orally 2 times a day
- 40 milligram orally 2 times a day
- _____ milligram orally every _____ hour

bumetanide (BUMEX)

- 1 milligram intravenously once
- 0.5 milligram orally once a day

Potassium Supplements

potassium chloride

- 20 milliequivalent orally once a day
- 20 milliequivalent orally 2 times a day
- _____ milliequivalent orally _____ times a day

Platelet Inhibitors

- For patients with heart failure of nonischemic origin, avoid the routine use of aspirin
- For patients with heart failure who have had an MI, consider the use of clopidogrel as an alternative to aspirin

- 81 milligram orally once a day
- 325 milligram orally once a day

clopidogrel (PLAVIX)

- 75 milligram orally once a day

ticagrelor (BRILINTA)

- 90 orally 2 times a day

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Vasodilators: Combination Agents
hydrALAZINE (APRESOLINE)

- 10 milligram orally 2 times a day
- 25 milligram orally 2 times a day

isosorbide dinitrate (ISORDIL)

- 20 milligram orally 2 times a day

isosorbide mononitrate (IMDUR)

- 30 milligram orally once a day

Laboratory

- For patients undergoing active titration of heart failure medications or receiving IV diuretics, serum creatinine, serum electrolytes, and BUN concentrations should be measured daily

Admission labs or labs to be obtained now:

- | | |
|--|---|
| <input type="checkbox"/> CBC/AUTO DIFF | <input type="checkbox"/> Troponin-I now and every 8 hours x 2 |
| <input type="checkbox"/> PT (PROTIME AND INR) | <input type="checkbox"/> Digoxin level |
| <input type="checkbox"/> PTT | <input type="checkbox"/> LIPD PROFILE |
| <input type="checkbox"/> NT pro-BNP | <input type="checkbox"/> Renal function panel |
| <input type="checkbox"/> Comprehensive metabolic panel | <input type="checkbox"/> TSH (Thyroid stim hormone) |
| <input type="checkbox"/> Phosphorus level, plasma | <input type="checkbox"/> TSH W/ FT4 REFLEX IF INDICATED |
| <input type="checkbox"/> Magnesium level, plasma | |

Morning Draw:

- Basic metabolic panel
 - once a day x 3 days
- Digoxin level
 - once a day in AM x 2 days

Radiology and Diagnostic Tests

XR Chest Single: Portable
 now Reason for exam: _____

XR Chest PA and Lateral
 now Reason for exam: _____

ECG (Electrocardiogram)
 stat Reason for exam: _____
 routine Reason for exam: _____

ECHO, Transthoracic Complete
 stat
 routine
ICD 9 Indications: _____

Contrast? [] Yes [] No
Agitated Saline (Bubble Study) [] Yes [] No
Additional Instructions: _____

Consults

- Physician to physician notification preferred.
 - Consult to cardiology provider _____ regarding _____ Does nursing need to contact consulted provider? [] Yes [] No
 - Consult Cardiac Rehab Reason for consult: heart failure teaching
 - Consult Dietitian Reason for consult: Diet education

Provider Signature: _____ Date: _____ Time: _____