

EVIDENCE BASED CARE

MERCY HOSPITAL
800 Mercy Drive
Council Bluffs, Iowa 51503-3128

HEART FAILURE ORDERS

Page 1 of 2
Created: 2/07 Next Review: 2/08


- Initiate *Comprehensive Heart Failure Education and Support* today.
- Vital signs per nursing unit protocol.
- Cardiac monitor (telemetry).
- Pulse oximetry measurement now and document.
- Oxygen per Respiratory Therapy Protocol.
- Assess smoking status. Offer cessation education to all patients with a history of smoking in the past 12 months.
- Measure and record weight now and every day.
- Accurate intake and output every 8 hours.
- Cardiac diet (2 gram sodium, low fat, low cholesterol)
- Restrict fluids to _____ ml per day.
- Other diet orders: _____
- Referral to UniNet Heart Failure Disease Management for telephonic case management services. Nursing to contact HF Educator (where applicable) or Care Mgmt to arrange referral (after hours leave voice mail).

Initial Lab (if not already completed – please verify)

- Complete blood cell count with differential (CBC w/diff).
- Comprehensive metabolic panel (CMP).
- Magnesium.
- Thyrotropin (TSH).
- PT and INR today if patient taking warfarin (coumadin).

- Digoxin level tomorrow a.m. for all patients taking digoxin (Lanoxin).
- Urinalysis (UA) with microscopy.
- Heart Failure peptide (proBNP).

Diagnostics (if not already completed – please verify)

- 12-lead ECG now for heart failure.
- Obtain copy of most recent echocardiogram results and place on chart today.
-  Documented known LVEF: _____ %

Date of LVEF: _____

- 2D Echocardiogram/Doppler _____
- Chest x-ray Portable upright chest x-ray.
 PA and LAT in radiology.
Please specify a symptom-based indication:

Comprehensive Heart Failure Education & Support includes:

- Patient and family education with the "What is Heart Failure" pamphlet and the HF discharge instructions in Gold, beginning today and reinforced daily.
- Completion of the Education Record for Heart Failure
- Dietitian referral for cardiac diet education
- Heart Failure Educator or Cardiac Rehab referral for education reinforcement where available/appropriate
- Initiate CareMaps where applicable.

Pulse Oximetry Assessment and Documentation:

Date: _____ Time: _____

Room Air SaO2: _____ %

SaO2 _____ % on Oxygen at _____

Evidence Based Reminder:

For selected patients with LVEF <35%, consider evaluation for ICD therapy.

(Continued on Page 2)

PCD 82754 v1C


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Medications:

 Beta-Blocker Therapy:

- _____
- Contraindication to Beta-Blocker therapy.
Please document on the right.

 ACE Inhibitor Therapy:

- _____
- Contraindication to ACEI therapy.
Please document on the right.

AND/OR  Angiotensin Receptor Blocker Therapy:

- _____
- Contraindication to ARB therapy.
Please document on the right.

Diuretic Therapy:

Potassium supplement:

Other: _____

Ordering MD/DO/NP/PA signature
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Beta-Blocker drug information:

Beta-blockers (using 1 of the 3 proven to reduce mortality, i.e., bisoprolol, carvedilol, and sustained release metoprolol succinate) are recommended for all stable patients with current or prior symptoms of HF and reduced LVEF, unless contraindicated. (*ACC/AHA 2005 Guideline Update for Diagnosis and Management of Chronic Heart Failure in the Adult, p. e173*)

Contraindications:

- Unstable heart failure / hemodynamic instability
 - bronchial asthma (reactive airway disease) that is sensitive to beta-agonists
 - heart block or significant bradycardia
 - Other reason for not prescribing β -Blocker therapy.
Please specify:
- _____
- _____

ACEI or ARB Precautions/Contraindications

- Patient has experienced a life-threatening adverse reaction (angioedema or anuric renal failure) during previous ACEI or ARB exposure
 - Symptomatic hypotension
 - Renal insufficiency
 - Bilateral renal artery stenosis
 - Aortic stenosis
 - Hyperkalemia
 - History of intractable cough with **ACEI**
 - History of intractable cough with **ARB**
 - Other reason for not prescribing either an ACE or ARB. Please specify:
- _____
- _____