**PLEASE USE BALL POINT PEN. PLEASE PRESS FIRMLY. USE ACCEPTED ABBREVIATIONS.**

Please fill in all appropriate spaces. To cancel an order, draw a line through the entire order.

**HEART FAILURE ADMISSION ORDER SET**

1. Admit to: [ ] Med Surg [ ] ICU [ ] Telemetry [ ] Step Down Unit
2. Obtain old records
3. Consult:
4. Vital signs
5. Strict I&O
6. Daily weights
7. Oxygen via [ ] at
8. Pulse oximetry on admission and record and daily. Call physician if less than %.
9. Activity:
10. Diet: [ ] 2 gm sodium [ ] No added salt [ ] Cardiac [ ] Restricted fat, no added salt
    [ ] Consistent Carb (ADA) [ ] Calorie Consistent Carb (ADA)
    [ ] Renal Diet [ ] gm Protein [ ] gm Potassium [ ] gm Sodium
    [ ] ml Fluid restriction [ ] Dietary Consult
11. Pre-albumin to be drawn on all admissions (Exceptions: Obstetrics, Pediatrics, Observation, and/or SPU).
12. Consult Respiratory Therapy for Smoking Cessation Education/Counseling (If smoking in the past 12 Months)
13. Foley catheter to straight drainage
14. IV therapy: [ ] Saline Lock [ ] Fluid/rate:
15. Obtain copy of Echocardiogram report, if done in the past 12 months.
   If unavailable, order Echocardiogram. Echo to be read by:
   *If echocardiogram done in the past 12 months a copy of the report must be on the chart within 24 hours.

**This order cannot be canceled.**

16. (If not done in the ED) EKG on admission and in the AM
17. (If not done in the ED) CBC, Complete metabolic profile, INR, BNP, MIP, and Fasting Lipid Profile.
18. Diuretics:
   - Lasix (Furosemide) _______mg po/IV (circle one) every _______hours
   - Bumex (bumetanide) _______mg po/IV (circle one) every _______hours
   - Demadex (torsemide) _______mg po every _______hours
   - Zaroxolyn (metolazine) _______mg po every _______hours
   - None
19. Beta Blockers:
   - Coreg (carvedilol) _______mg po twice daily (breakfast and dinner)

**Physician Signature**

ANOTHER BRAND OF GENERICALLY EQUIVALENT PRODUCT IDENTICAL IN DOSAGE FORM AND CONTENT OF ACTIVE INGREDIENTS MAY BE ADMINISTERED ACCORDING TO FORMULARY POLICY UNLESS A PHYSICIAN WRITES "BRAND MEDICALLY NECESSARY" AFTER EACH MEDICATION ORDER.

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Hazleton General Hospital
700 East Broad Street, Hazleton, PA 18201
<table>
<thead>
<tr>
<th>Date</th>
<th>Allergies</th>
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Please fill in all appropriate spaces. To cancel an order, draw a line through the entire order.

**HEART FAILURE ADMISSION ORDER SET**

**19. Beta Blockers Continued:**
- Lopressor (metoprolol) __________ mg po every _______ hours
- Toprol XL (metoprolol XL) __________ mg po every _______ hours

*Note: Only Coreg (carvedilol) & Toprol XL (metoprolol XL) have indications for heart failure.*

None – Reason must be specified by checking below:
- EF equal to or greater than 40%  
- Allergy intolerance  
- Hypotension  
- Bradycardia  
- Asthma  
- COPD  
- Echo pending  
- Other (specify):

**20. ACE Inhibitors:**
- Vasotec (enalapril) __________ mg po/IV (circle one) every _______ hours
- ZestriPril (lisinopril) __________ mg po every _______ hours
- Capoten (captopril) __________ mg po every _______ hours
- Altace (ramipril) __________ mg po every _______ hours
- Monopril (losartan) __________ mg po every _______ hours
- Accupril (quinapril) __________ mg po every _______ hours
- Lotensin (benazepril) __________ mg po every _______ hours

None – Reason must be specified by checking below:
- EF equal to or greater than 40%  
- Allergy intolerance  
- Hypotension  
- Renal insufficiency  
- On Angiotensin II Receptor Blocker  
- Echo pending  
- Other (specify):

**21. Angiotensin II Receptor Blockers:**
- Cozaar (losartan) __________ mg po every _______ hours
- Diovan (valsartan) __________ mg po every _______ hours
- Avapro (irbesartan) __________ mg po every _______ hours
- Atacand (candesartan) __________ mg po every _______ hours
- Micardis (telmisartan) __________ mg po every _______ hours
- Benicar (olmesartan) __________ mg po every _______ hours

None – Reason must be specified below:

*Note: Only Diovan (valsartan) & Atacand (candesartan) have indications for heart failure.*

- EF greater than or equal to 40%  
- Allergy intolerance  
- Hypotension  
- Renal insufficiency  
- On ACE  
- Echo pending  
- Other (specify):

**22. Other Medications:**
- Natrecor (nesiritide) IV bolus dose of __________ micrograms/kg
- Natrecor (nesiritide) IV Infusion at __________ micrograms/kg/minute

**Physician Signature**  
**Date/Time**

Another brand of generically equivalent product identical in dosage form and content of active ingredient may be administered according to formulary policy unless a physician writes "brand name medically necessary" after each medication order.
**Date/Time**

**Allergies:**

Please fill in all appropriate spaces. To cancel an order, draw a line through the entire order.

### 22. Other Medications Continued:

- Digoxin [mg] po/IV (circle one) daily
- Potassium chloride [mEq] po ever y [hours]
- Inspra (epidrone) [mg] po daily
- Aldactone (spironolactone) [mg] po ever y [hours]
- ASA (acetylsalicylic acid) [mg] po daily
- Hydralazine (Apresoline) [mg] po/IV every [hours]
- Nitroglycerin Infusion (200mcg/ml) at [micrograms/minute]

### 23. Antihypertensives:

- Lipitor (atorvastatin calcium) [mg] po daily
- Pravachol (pravastatin) [mg] po daily
- Zocor (simvastatin) [mg] po daily
- Zetia (ezetimibe) [mg] po daily

### 24. DVT Prophylaxis: This section can NOT be cancelled.

**CBC & Platelet count every other day automatically if patient is on Heparin, Enoxaparin, or Fondaparinux.**

- DVT prophylaxis contraindicated. REASON:
- No prophylaxis other than early ambulation.
- Heparin 5000 units subcutaneously every (8) hours
- Enoxaparin (Lovenox) 40 mg subcutaneously daily
- Enoxaparin (Lovenox) 30 mg subcutaneously daily (CrCl < 30 ml/min)

**Flowtron:**

**Other:**

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**Physician Signature**

**Date/Time**

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Heart Failure Admission Order Set - Page 3 of 3
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