## CONGESTIVE HEART FAILURE PATHWAY ORDERS

**Formulated:**

**Reviewed:**

**Revised:**

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### DIAGNOSIS

<table>
<thead>
<tr>
<th>DATE/TIME</th>
<th>PATIENT LABEL</th>
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### CONGESTIVE HEART FAILURE PATHWAY ORDERS

**Check ☑ appropriate orders.**

1. ☑ Admit to: ___________________________ Dr. ___________________ covering tonight.
   - Inpatient
   - Observation per risk stratification
   - ICU
   - Med/Surg Monitored
   - Notify attending physician by 0800 (if not already seen)
   - Cardiology consult: ___________________________
   - Notify ancillary services of pathway institution

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2. ☐ Additional diagnosis:

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3. Code Status: ☐ Full Code ☐ DNRCC ☐ DNRCC Arrest (If DNR status applies, complete separate order sheet)

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4. ☐ Allergies:

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5. ☑ Old charts to floor

### NURSING

6. ☑ Initiate CHIPs protocol

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7. ☑ Vitals: Per unit routine or as applicable to patient need

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8. ☑ Activity: Up ad lib unless otherwise directed by physician

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9. Diet: ☐ Dietary consult ☐ NPO
   - ☐ Low Sodium ☐ ADA Cardiac
   - ☐ Cardiac ☐ Other: ___________________________

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10. ☑ Daily Weight
    - ☑ I&O’s

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11. ☑ CHF teaching and discharge instructions – QUALITY INDICATOR

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12. ☐ Sudden Cardiac Arrest DVD/education

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13. ☑ If smoker within the last 12 months, order Smoking Cessation Referral – QUALITY INDICATOR

### LABS

14. ☑ CK and Troponin on admission (if not already done) and then CK and Troponin every 6 hours x 3

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15. ☑ Chem 8 daily x 3 days

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16. ☑ Pro-BNP on admission and repeat in 48 hours with A.M. blood draw

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17. ☐ Fasting Lipid Profile in a.m.

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18. ☐ Fasting Direct LDL in a.m.

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19. ☐ Echocardiogram – Quality Indicator
   - ☑ HUC to obtain report of most recent Ejection Fraction/Echocardiogram results
   - ☐ EF less than 40%: schedule patient for follow-up echocardiogram in ______________________ (timeframe)

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20. ☑ EKG on admission (if not already done) then PRN

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21. ☑ Portable chest x-ray (if not already done)
### MEDICATIONS

22. **IV:** saline lock

23. **Basal Bolus Hyperglycemia Protocol** – Call attending physician for specific orders.
   - **Conservative** - Patients at risk for hypoglycemia, high creatinine, dialysis dependant
   - **Standard** - Patients at risk for hyperglycemia, severe illness, infection, elevated FSBG on admission, corticosteroid use
   - **Aggressive** - Critically ill, Type 2 DM, post-op patient, severe sepsis

24. **O2 Protocol**

25. **Diuretic:**

26. **Potassium supplement:**

27. **Spironolactone:**

28. **Enteric coated ASA:**

29. For LVSD: **ACEI:** ____________________________ or **ARB:** ____________________________
   - **QUALITY INDICATOR**
     - **HOLD for systolic BP less than ________ (100 mmHg if not specified)**
     - If neither ACE nor ARB ordered, indicate
       - **ACEI allergy**
       - **ARB allergy**
       - **Known adverse reaction**
       - **Aortic stenosis, moderate/severe**
       - **Renal insufficiency**
       - **Other:**

30. **Betablocker:** ____________________________
   - **QUALITY INDICATOR**
     - **HOLD for heart rate less than 60 or systolic BP less than ________ (100 mmHg if not specified)**
     - If not ordered, indicate contraindication:
       - **Allergy**
       - **Brady cardia**
       - **Cardiogenic Shock**
       - **2nd or 3rd degree heart block in ECG**
       - **Other:**

31. **Digoxin** (hold if HR less than 60)

32. If patient is a smoker, number of packs/day _________
   - Nicotine replacement per protocol – dose per pharmacy
     - **Use with caution with patients with serious arrhythmias, worsening angina pectoris, or within the immediate post-myocardial infarction period (2 weeks).**
       - **patch**
       - **lozenge**
       - **gum** (patient preference)

33. **Acetaminophen 650 mg p.o. every 4 hours prn fever or pain**

34. **Maalox 30 mL unit dose p.o. every 4 hours prn indigestion**
### MEDICATIONS (continued):

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<th>Appropriate orders.</th>
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| 35. ☐ Analgesic: |
| 36. ☐ Sleep Aid: |
| 37. ☐ Laxative: |
| 38. ☐ Other: |

### CONSULTS

| 39. ☐ Medical Massage Therapy – Assess and Treat |
| 40. ☐ Other: |

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**Date:**

**Physician Signature:**

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**PATIENT LABEL**

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**CONGESTIVE HEART FAILURE PATHWAY ORDERS**

**FORMULATED:**

**REVIEWED:** 3/05, 7/05, 10/06

**REVISED:** 8/10/04, 3/16/05, 7/21/05, 10/06, 1/08, 5/08, 9/08

**December 9, 2008**

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