

DIAGNOSIS		DRUG ALLERGIES	
DATE/ TIME	CONGESTIVE HEART FAILURE PATHWAY ORDERS		Page 1 of 3
	Check <input checked="" type="checkbox"/> appropriate orders.		
	1. <input checked="" type="checkbox"/> Admit to: _____ Dr. _____ covering tonight. <input type="checkbox"/> Inpatient <input type="checkbox"/> Observation per risk stratification <input type="checkbox"/> ICU <input type="checkbox"/> Med/Surg Monitored <input type="checkbox"/> Notify attending physician by 0800 (if not already seen) <input type="checkbox"/> Cardiology consult: _____ <input checked="" type="checkbox"/> Notify ancillary services of pathway institution		
	2. <input type="checkbox"/> Additional diagnosis:		
	3. Code Status: <input type="checkbox"/> Full Code <input type="checkbox"/> DNRCC <input type="checkbox"/> DNRCC Arrest (If DNR status applies, complete separate order sheet)		
	4. <input type="checkbox"/> Allergies:		
	5. <input checked="" type="checkbox"/> Old charts to floor		
	NURSING		
	6. <input checked="" type="checkbox"/> Initiate CHiPs protocol		
	7. <input checked="" type="checkbox"/> Vitals: Per unit routine or as applicable to patient need		
	8. <input checked="" type="checkbox"/> Activity: Up ad lib unless otherwise directed by physician		
	9. Diet: <input type="checkbox"/> Dietary consult <input type="checkbox"/> NPO <input type="checkbox"/> Low Sodium <input type="checkbox"/> ADA Cardiac <input type="checkbox"/> Cardiac <input type="checkbox"/> Other: _____		
	10. <input checked="" type="checkbox"/> Daily Weight <input checked="" type="checkbox"/> I&O's		
	11. <input checked="" type="checkbox"/> CHF teaching and discharge instructions – QUALITY INDICATOR		
	12. <input type="checkbox"/> Sudden Cardiac Arrest DVD/education		
	13. <input checked="" type="checkbox"/> If smoker within the last 12 months, order Smoking Cessation Referral – QUALITY INDICATOR		
	LABS		
	14. <input checked="" type="checkbox"/> CK and Troponin on admission (if not already done) and then CK and Troponin every 6 hours x 3		
	15. <input checked="" type="checkbox"/> Chem 8 daily x 3 days		
	16. <input checked="" type="checkbox"/> Pro-BNP on admission and repeat in 48 hours with A.M. blood draw		
	17. <input type="checkbox"/> Fasting Lipid Profile in a.m.		
	18. <input type="checkbox"/> Fasting Direct LDL in a.m.		
	19. <input type="checkbox"/> Echocardiogram – Quality Indicator <input checked="" type="checkbox"/> HUC to obtain report of most recent Ejection Fraction/Echocardiogram results <input type="checkbox"/> EF less than 40%: schedule patient for follow-up echocardiogram in _____ (timeframe)		
	20. <input checked="" type="checkbox"/> EKG on admission (if not already done) then PRN		
	21. <input checked="" type="checkbox"/> Portable chest x-ray (if not already done)		

PATIENT LABEL



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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Check <input checked="" type="checkbox"/> appropriate orders.			
MEDICATIONS			
22. <input type="checkbox"/> IV: saline lock			
23. <input type="checkbox"/> Basal Bolus Hyperglycemia Protocol – Call attending physician for specific orders. <input type="checkbox"/> Insulin sliding scale per protocol <input type="checkbox"/> Conservative - Patients at risk for hypoglycemia, high creatinine, dialysis dependant <input type="checkbox"/> Standard - Patients at risk for hyperglycemia, severe illness, infection, elevated FSBG on admission, corticosteroid use <input type="checkbox"/> Aggressive - Critically ill, Type 2 DM, post-op patient, severe sepsis			
24. <input type="checkbox"/> O ₂ Protocol			
25. <input type="checkbox"/> Diuretic:			
26. <input type="checkbox"/> Potassium supplement:			
27. <input type="checkbox"/> Spironolactone:			
28. <input type="checkbox"/> Enteric coated ASA _____			
29. <input type="checkbox"/> For LVSD: ACEI: _____ or ARB: _____ HOLD for systolic BP less than _____ (100 mmHg if not specified) If neither ACE nor ARB ordered, indicate <input type="checkbox"/> ACEI allergy – QUALITY INDICATOR Contraindication: <input type="checkbox"/> ARB allergy <input type="checkbox"/> Hypotension <input type="checkbox"/> Known adverse reaction <input type="checkbox"/> Cough <input type="checkbox"/> Aortic stenosis, moderate/severe <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> Renal insufficiency <input type="checkbox"/> Other: _____			
30. <input type="checkbox"/> Betablocker: _____ HOLD for heart rate less than 60 or systolic BP less than _____ (100 mmHg if not specified) If not ordered, indicate contraindication: <input type="checkbox"/> Allergy – QUALITY INDICATOR <input type="checkbox"/> Bradycardia <input type="checkbox"/> Hypotension <input type="checkbox"/> Cardiogenic Shock <input type="checkbox"/> COPD <input type="checkbox"/> 2 nd or 3 rd degree heart block in ECG <input type="checkbox"/> Other: _____			
31. <input type="checkbox"/> Digoxin (hold if HR less than 60)			
32. <input type="checkbox"/> 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). <input type="checkbox"/> patch <input type="checkbox"/> lozenge <input type="checkbox"/> gum (patient preference)			
33. <input type="checkbox"/> Acetaminophen 650 mg p.o. every 4 hours prn fever or pain			
34. <input type="checkbox"/> Maalox 30 mL unit dose p.o. every 4 hours prn indigestion			

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