

Heart Failure Critical Event Guideline

MRN

Date & Sign when each item is accomplished. If item is not indicated or **NOT MET**, document reason in the progress note.

Physician/PA/NP to complete:

Nurse to complete:

Event Day 2	Initials	Date/Time
Echo ordered or previous LV function documented.		
ACEI/ARB for LVSD prescribed, if not ordered: Document rationale		
Beta Blocker ordered Yes <input type="checkbox"/> No <input type="checkbox"/> Document rationale, if contraindicated		
Switch from IV to PO diuretics		
Consider progressive ambulation		
Consider d/c of Foley and oxygen		
Anticoagulation, if appropriate		
Consider d/c cardiac monitor		

Event Day 1	Initials	Date/Time
Daily weight recorded, see Computer Record		
Accurate I & O documented		
O2 Saturation recorded		
Progressive ambulation/Walking Program		
Smoking cessation referral		
Adult vaccination status assessed		
HF Dietary Referral		
HF D/C Instructions on chart		

Event Day 3	Initials	Date/Time
Documentation of LV Function		
Pt. on ACEI/ARB/Beta Blocker, if not contraindicated		
Switch from IV to PO diuretics		
Progressive ambulation/Walking Program		
Consider d/c of Foley and oxygen		
Anticoagulation, if appropriate		
D/C cardiac monitor, if appropriate		
Consider discharge/discharge notice		

Event Day 2	Initials	Date/Time
Daily weight recorded, see Computer Record		
Accurate I & O documented		
O2 saturation recorded		
Progressive ambulation/Walking Program		
Adult vaccination completed		
HF Education		
HF Patient Education Booklet given to patient		

Event Day 4	Initials	Date/Time
Patient on ACEI/ARB/Beta Blocker, if not contraindicated		
PO Diuretics, if appropriate		
Progressive ambulation		
Consider d/c of Foley and oxygen		
Anticoagulation, if appropriate		
D/C cardiac monitor, if appropriate		
Consider discharge/discharge notice		

Event Day 3	Initials	Date/Time
Daily weight recorded, see Computer Record		
Accurate I & O documented		
O2 saturation recorded		
Progressive ambulation/Walking Program		

Event Day 5	Initials	Date/Time
PO Diuretics, if appropriate		
Progressive ambulation		
D/C of Foley, oxygen and cardiac monitor, if appropriate		
Review HF D/C instructions		
Follow up with PMD/Cardiologist recommended on D/C instructions		

Event Day 4	Initials	Date/Time
Daily weight recorded, see Computer Record		
Accurate I & O documented		
O2 saturation recorded		
Progressive ambulation/Walking Program		

Event Day 5	Initials	Date/Time
Daily weight recorded, see Computer Record		
Accurate I & O documented		
Progressive ambulation/Walking Program		
HF Patient Education Booklet given to patient		
Review HF D/C instructions		

This document to be placed as the first page in the Progress Note section of the Medical Record.

Initials	Print Name	Signature