

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	Event Day 1	Initials	Date/Time
Echo ordered or previous LV function documented.			Daily weight recorded, see Computer Record		
ACEI/ARB for LVSD prescribed, if not ordered: Document rationale			Accurate I & O documented		
Beta Blocker ordered		O2 Saturation recorded			
Yes No Document rationale, if contraindicated			Progressive ambulation/Walking Program		
Switch from IV to PO diuretics		Smoking cessation referral			
Consider progressive ambulation		Adult vaccination status assessed			
Consider d/c of Foley and oxygen			HF Dietary Referral		
Anticoagulation, if appropriate			HF D/C Instructions on chart		
Consider d/c cardiac monitor			Front Day 0	luitiala	Data/Times
Event Day 3	Initials	Date/Time	Event Day 2 Daily weight recorded, see Computer	Initials	Date/Time
Documentation of LV Function			Record		
Pt. on ACEI/ARB/Beta Blocker, if not			Accurate I & O documented		
contraindicated			O2 saturation recorded		
Switch from IV to PO diuretics			Progressive ambulation/Walking		
Progressive ambulation/Walking Program			Program		
Consider d/c of Foley and oxygen			Adult vaccination completed HF Education		
Anticoagulation, if appropriate			HF Patient Education Booklet		
D/C cardiac monitor, if appropriate			given to patient		
Consider discharge/discharge notice			Event Day 3	Initials	Date/Time
Event Day 4	Initials	Date/Time	Daily weight recorded, see Computer Record		
Patient on ACEI/ARB/Beta Blocker, if not contraindicated			Accurate I & O documented		
PO Diuretics, if appropriate			O2 saturation recorded		
Progressive ambulation			Progressive ambulation/Walking Program		
Consider d/c of Foley and oxygen			Event Day 4	Initials	Date/Time
Anticoagulation, if appropriate			Daily weight recorded, see Computer	IIIIIIais	Date/Tille
D/C cardiac monitor, if appropriate			Record		
Consider discharge/discharge notice			Accurate I & O documented		
Frank Barr F	1141-1-	Data/Time	O2 saturation recorded		
Event Day 5 PO Diuretics, if appropriate	Initials	Date/Time	Progressive ambulation/Walking Program		
Progressive ambulation					
D/C of Foley, oxygen and cardiac			Event Day 5	Initials	Date/Time
monitor, if appropriate			Daily weight recorded, see Computer Record		
Review HF D/C instructions			Accurate I & O documented		
Follow up with PMD/Cardiologist recommended on D/C instructions			Progressive ambulation/Walking Program HF Patient Education Booklet given to		
This document to be placed as the fir Note section of the Medical Record.	st page in	the Progress	patient Review HF D/C instructions		
note section of the Medical Necold.			Tronow in 1970 mondonono		

Initials	Print Name	Signature		