HEART FAILURE - ADMISSION

VTE PROPHYLAXIS ORDERS
A VTE Risk Assessment and appropriate treatment or a contraindication to treatment is required for all patients.
Patient has the following VTE Risk:
☐ Low VTE Risk (No prophylaxis needed)
☐ Moderate VTE Risk (Please Order EITHER mechanical (SCD) or pharmacological prophylaxis)
☐ High VTE Risk (Please Order BOTH mechanical (SCD) or pharmacological prophylaxis)

Contraindications
Reason for withholding Mechanical VTE prophylaxis (check one)

☐Hypervolemia
☐Edema of leg
☐Surgical procedure on lower extremity
☐Comfort measures
☐Amputee-limb
☐Deep vein thrombosis of lower extremity
☐Suspected deep vein thrombosis
☐Congestive/Chronic heart failure
☐Palliative care
☐ Injury of lower extremity
☐Dermatitis
☐Peripheral ischemia
☐Deformity of leg
☐Treatment not tolerated
☐Vascular insufficiency of limb
☐Sensory neuropathy
☐Refusal of treatment by patient
☐At risk for falls
☐Skin graft disorder
☐Peripheral vascular disease
☐History of occlusive arterial disease of lower extremity

Reason for withholding Pharmacologic VTE prophylaxis (check one)

☐Blood coagulation disorders
☐Bleeding or at risk for bleeding
☐Renal impairment
☐Anticoagulation not tolerated
☐Palliative care (for end of life)
☐Comfort measures
☐Anticoagulant allergy
☐Platelet count below ref
☐At risk for falls
☐Hemorrhagic cerebral infarction
☐Medications refused

☐ Leg compression device to be placed within 4 hours
For Medical patient, dose should be given at 2100 daily. **Evidence
☐ Enoxaparin (Lovenox) 40 mg SubQ daily. Start today at 21:00. Pharmacy to adjust per renal dosing protocol. May use baseline PLTS if today's PLTS not yet available.

ADMIT – Select Only One
☐ Out-Patient Procedure/Surgery Recovery (Expected and/or Extended Recovery) to include Blood Transfusions (SDC)
☐ Place in Observation Status Reason to admit/place: _____
(The physician must document the reason for observation (INo).
☐ Admit as Inpatient. Preferred unit: _____
Reason to admit: _____
(The physician must document the reason for inpatient).

CODE STATUS
REMINDER: For DNAR status complete separate DNAR Physician Order Set

SKIN TREATMENT AND PREVENTION
☑ Initiate designated skin set: If Braden score of 18 or less initiate Skin Treatment and Prevention short set. For any other skin issues initiate designated skin order set(s).

NURSING
☑ Daily weights
☑ Monitor intake and output
☑ Heart failure education;
-Fluid restrictions and amounts
-Smoking cessation counseling as appropriate
-Advise pt to avoid second hand smoke

☑ Notify MD if SBP < 85, HR > 130, SAT < 90% while on 4 L/NC or if new arrhythmia develops or if worsening condition or if new event

RESPIRATORY
☑ Apply oxygen (O2) with defined parameters to maintain oxygen saturation on > 95%

NUTRITION
☑ Low Sodium 1 Gm Diet

IV FLUIDS
☐ Sodium Chloride 0.9% 100 mL IV bolus x 1 Prn persistent symptomatic SBP < 85 (repeated and confirmed in both arms). Notify MD if given.

MEDICATIONS
Anticoagulant medications: Vitamin K Antagonists Evidence
☐ Warfarin (Coumadin) per pharmacy protocol. Indication =_____ Goal INR = 2 - 3

Anticoagulant medications: Platelet Inhibitors Evidence
☐ Aspirin 81 mg Po Daily
☐ Aspirin 325 mg Po Daily
☐ Clopidogrel (Plavix) 75 mg Po Daily

Anticoagulant medications: Prasugrel
RESTRICTION CRITERIA: Prasugrel (Effient)
1. Initiation of Prasugrel therapy is restricted to Cardiologists.
2. Prasugrel is contraindicated in patients with a history of TIA or Stroke.
3. Prasugrel is not recommended in patients who may undergo urgent CABG (drug should be stopped at least 7 days prior to any surgery).
4. Prasugrel should not be used in patients >75 years old (due to increased bleeding risk) except in high risk patients where the benefits may outweigh the risk.
5. For Patients <60 Kg - maintenance dose = 5 mg (due to increased bleeding risk).

****For patients < 60 kg, use 5 mg order**
☐ Prasugrel (Effient) 5 mg Po Daily
****For patients > or = 60 kg, use 10 mg order**
☐ Prasugrel (Effient) 10 mg Po daily.

Cardiac medications: ACE Inhibitors ***Physician to select ONE drug only*** Evidence
REMINDER: See admission medication reconciliation for home ACE Inhibitor dose.
☐ ACE Inhibitor contraindicated:
Reasons to withhold ACE Inhibitors
☐ ACEI Allergy
☐ Hypotension
☐ Hyperkalemia
☐ Moderate/Severe Aortic stenosis
☐ Impaired renal function
☐ Other:_____
☐ Captopril (Capoten) 6.25 mg Po TID. Hold for SBP < 90.
☐ Lisinopril (Zestril/Prinivil) 10 mg Po daily. Hold for SBP < 90.

Cardiac medications: ARBs ***Physician to select ONE drug only*** Evidence
REMINDER: See admission medication reconciliation for home ARB dose.
☐ ARB contraindicated:
Reasons to withhold ARB
☐ ARB Allergy

☐ Hypotension
☐ Hyperkalemia
☐ Moderate/Severe Aortic stenosis
☐ Impaired renal function
☐ Other:_____

☐ Losartan (Cozaar) 25 mg Po daily. Hold for SBP < 90.
☐ Valsartan (Diovan) 40 mg Po daily. Hold for SBP < 90.

Cardiac medications: Beta Blockers ***Physician to select ONE drug only*** Evidence
REMINDER: See admission medication reconciliation for home Beta Blocker dose.
☐ Beta Blocker contraindicated:
Reasons to withhold Beta Blocker
☐ Bradycardia
☐ Hypotension
☐ Other:_____
☐ Atenolol (Tenormin) 25 mg Po daily. Hold for SBP < 90 or HR < 60.
☐ Carvedilol (Coreg) 3.125 mg Po BID. Hold for SBP < 90 or HR < 60.
☐ Metoprolol Tartrate (Lopressor) 50 mg Po BID. Hold for SBP < 90 or HR < 60.

Cardiac medications: Aldosterone Antagonists ***Physician to select ONE drug only*** Evidence
REMINDER: See admission medication reconciliation for home Aldosterone Antagonist dose.
☐ Spironolactone (Aldactone) 25 mg Po daily.
☐ Eplerenone (Inspra) 25 mg Po daily.

Cardiac medications: Cardiac Glycosides Evidence
REMINDER: See admission medication reconciliation for home cardiac glycoside dose.
☐ Digoxin (Lanoxin) 0.125 mg Po daily. Hold for HR < 60.
☐ Digoxin (Lanoxin) 0.125 mg IV daily if pt unable to take Po digoxin (if ordered). Hold for HR < 60.

Cardiac medications: Statins ***Physician to select ONE drug only***
REMINDER: See admission medication reconciliation for home statin dose.
☐ AtorvaSTATIN (Lipitor) 10 mg Po at bedtime.
☐ Simvastatin (ZoCOR) 20 mg Po at bedtime.

Cardiac medications: Diuretics Evidence
☐ Furosemide (Lasix) 40 mg IV Push Q 6 Hrs.
☐ Furosemide (Lasix) 80 mg Po Q 6 Hrs.
☐ Furosemide (Lasix) 40 mg IV bolus x 1 prior to starting furosemide infusion.
☐ Furosemide (Lasix) infusion 100 mg/100 mL NS (Concentration = 1 mg/mL). Start infusion at _____mg/Hr.

Cardiac medications: Inotropic Agents Evidence
☐ DOBUTamine (500 mg/250 mL D5W). Start infusion at 2.5 mCg/Kg/min.
☐ DOPamine (400 mg/250 mL D5W). Start infusion at 5 mCg/Kg/min.

Cardiac medications: Human B-type Natriuretic Peptide Evidence
REMINDER: For Nesiritide (Natrecor) orders, please add if needed

Cardiac medications: Nitrates
☐ Nitroglycerin 0.4 mg SubL Q 5 min x 3 doses Prn chest pain. Hold for SBP < 90 mmHg. Do Not give if patient used erectile dysfunction drugs (Viagra, Levitra, Cialis, etc.) within 24 Hrs.
☐ Nitroglycerin 2% topical ointment 1 inch applied topically to chest wall Q 6 Hrs. Remove and hold for SBP < 90 mmHg. Do Not give if patient used erectile dysfunction drugs (Viagra, Levitra, Cialis, etc.) within 24 Hrs.

Other medications:

☐ Enalaprilat (Vasotec IV) 1.25 mg IV Push Q 4 Hrs Prn SBP > 160 or DBP > 90.
Hold if K+ > 5.5 mEq/L, SCr > 2.5 mg/dL, or if patient has an allergy to ACE inhibitors.
☐ HydrALAZINE (Apresoline) 10 mg Po Q 4 Hrs Prn SBP > 160 or DBP > 90 if unable to give Enalaprilat (Vasotec IV) if ordered.
☐ Potassium Chloride 40 mEq + Lidocaine 40 mg in 250 mL NS IVPB over 4 Hrs Prn K+ < 3 mEq /L
☐ Potassium Chloride 20 mEq + Lidocaine 20 mg in 100 mL NS IVPB over 2 Hrs Prn K+ = 3 - 3.6 mEq /L
☐ Magnesium Sulfate 2 Gm/50mL premixed IVPB over 2 Hrs Prn Magnesium (Mg) level < 2 mg/dL
Other medications:_____

*All labs/diagnostics will be drawn/done routine now unless otherwise specified

LABORATORY - Cardiac Markers
☐ Cardiac Enzymes with Troponin - STAT Evidence
☐ Cardiac Enzymes with Troponin - Q6H x 3

LABORATORY – Chemistry
☐ Basic Metabolic Panel (BMP) - in AM
☐ Complete Metabolic Panel (CMP) - in AM
☐ Lipid Profile (LPP) - in AM Evidence
☐ B-type Natriuetic Peptide (BNP) - in AM
☐ Magnesium level (MG) - in AM

LABORATORY - Toxicology
☐ Digoxin level (DIG) - in AM

DIAGNOSTICS – Cardiology
- REMINDER: For appropriately selected patients with heart failure due to systolic dysfunction, cardiac radionuclide imaging to assess left ventricular function, evaluate extent of ischemia, or determine myocardial viability should be performed Evidence
- REMINDER: Echocardiography to assess left ventricular function should be performed. Documentation necessary if not ordered; No Echo, known EF %, Known Left Ventricular Function EF %, or narrative description of left ventricular function, Echocardiogram planned for after discharge

☐ Echocardiogram: Reason: Evaluate EF
☐ 12-lead Electrocardiogram (EKG); Reason: _____

DIAGNOSTICS – Radiology
☐ Chest 1 View X-ray (CXR) Portable - in AM Reason: Evaluate for pulmonary edema

MD CONSULTS
REMINDER: Consider Specialty Referral (Cardiology)
☐ Consult MD_____

REQUESTS FOR SERVICE
☑ HCV Heart Failure Program Enroll (HFP)
☑ Consult for Case Management
☑ Nutritional Consult:
Educate patients receiving Coumadin regarding foods with vitamin K, and regarding low Sodium diets
☐ Consult for Social Services