

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
DO NOT USE ABBREVIATIONS**

DOCTORS ORDERS HEART FAILURE	CHECK OFF/ INITIALS						
(CM) = Core Measure							
Diagnosis: Heart Failure							
1. If Medication Reconciliation and/or Heart Failure order set incomplete, RN to contact physician.							
2. Admit to: (Circle one) Medical/Surgical Telemetry HLC PCU ICU							
3. OXYGEN: _____							
4. Activity: _____							
5. DIURETIC:	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Dose</th> <th style="width:33%;">Route</th> <th style="width:33%;">Frequency</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Dose	Route	Frequency			
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6. (CM) ACE INHIBITOR or ARB (please choose one) (For LVSD EF < 40%) ACEI: <input type="checkbox"/> Ramipril (Altace®) _____ mg by mouth daily <input type="checkbox"/> Captopril (Capoten®) _____ mg by mouth three times a day <input type="checkbox"/> Lisinopril (Prinivil® / Zestril®) _____ mg by mouth daily <input type="checkbox"/> Enalapril (Vasotec®) _____ mg by mouth two times a day <input type="checkbox"/> Other _____ ARB: <input type="checkbox"/> Losartan (Cozaar®) _____ mg by mouth daily <input type="checkbox"/> Valsartan (Diovan®) _____ mg by mouth daily <input type="checkbox"/> Other _____ Contraindications/reasons for not prescribing ACEI/ARB (Circle all that apply) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> <ul style="list-style-type: none"> - Angioedema - Worsening Renal Function/Disease - Moderate or severe aortic stenosis </td> <td style="width:33%; vertical-align: top;"> <ul style="list-style-type: none"> - Hyperkalemia - Hypotension - Renal Artery Stenosis </td> <td style="width:33%; vertical-align: top;"> <ul style="list-style-type: none"> - Other reasons documented by physician </td> </tr> </table>	<ul style="list-style-type: none"> - Angioedema - Worsening Renal Function/Disease - Moderate or severe aortic stenosis 	<ul style="list-style-type: none"> - Hyperkalemia - Hypotension - Renal Artery Stenosis 	<ul style="list-style-type: none"> - Other reasons documented by physician 				
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7. Beta Blocker:							
8. Nitrate (specify): _____							
9. DVT Prophylaxis: <input type="checkbox"/> Enoxaparin Sodium (Lovenox ®) 40 mg subcutaneously daily <input type="checkbox"/> Calf high TED stockings <input type="checkbox"/> Contraindicated due to: _____ If Enoxaparin Sodium (Lovenox ®) ordered implement Anticoagulation Monitoring Order Set.							
10. Chest X-ray if not done this admission / in E.D.							
11. Vital signs every 4 hours or per unit protocol.							
12. Daily weight before breakfast and document							
13. Strict Intake and Output times 3 days and document.							
14. Orthostatic blood pressure and pulse twice daily and document.							
15. Diet: 2 gram Sodium, No salt substitute If diabetic add: _____							
16. (CM) Unit Secretary: Copy of most recent evaluation of Left Ventricular Function (ECHO / CARDIAC CATH / MUGA SCAN / TEE). Put copy on chart with Bar Code sticker attached.							
17. Dietitian referral: Exclude Nursing Home Patients							
18. Consult Heart Failure Care Manager							
19. (CM) Smoking Cessation Counseling if applicable							
20. Other: _____							

Physician/Date/Time: _____	Nurse/Date/Time: _____	Secretary/Date/Time: _____
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Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Fax to Pharmacy