

PHYSICIAN'S ORDERS

ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND
CONTENT MAY BE DISPENSED UNLESS CHECKED

Date & Time Ordered	CONGESTIVE HEART FAILURE ADMISSION ORDERS	Page 1 of 3
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- Date/Time _____ 1. **Admit/Transfer to:** _____
G Observation (Med Surg status)
G Inpatient
 Cardiac Monitor Discontinued by MD order Discontinue in 24 hours
Primary Care Physician _____
Consult Physician _____
 Hospitalist
 Previous medical record to department
 No Open Chart / Reason: _____
 Do **NOT** Implement Acute Inpatient Standing PRN Orders
 Place Billings Clinic Charge Sheet on Chart
2. **Allergies:** No Known Drug Allergies

3. **CPR Status:** G No Code G Full Code G Other _____
4. **Vital Signs:** G Per unit routine or every _____ hours
 Do not awaken for vital signs if patient stable
5. **Respiratory (Cardiopulmonary)** Respiratory Consult
 12-Lead EKG on admit
 Titrate O₂ to maintain S_AO₂ at _____
 If increase > 2-3 L from baseline, contact MD
G Pulse oximetry
Other _____
6. **Intravenous Therapy:** G Saline Lock G Other _____
7. **Diet:**
G 2 GM Sodium ADA G Other _____
G Fluid Restriction _____ ml/24 hours
8. **Labs:**
CMP G on admit G in morning G other _____
BMP G on admit G in morning G other _____
CBC G on admit G in morning G other _____
BNP G on admit G in morning G other _____
Magnesium G on admit G in morning G other _____
G CPK / CPK-MB / Troponin on admit and repeat in _____ hours or a.m.
G PT on admit, if on anticoagulants
G Digoxin level on admit – last dose _____
G TSH on admit
G ABGs on admit
Other _____
9. **Radiology / reason**
G CXR PA/LAT on admit G Portable
G Echocardiogram for LVF / diastolic dysfunction assessment G on admit G in morning
G Fax old/previous Echo / Nuclear Scan / Cath results from Dr. _____
And place on chart
 Other: _____

Physician Signature _____

Date _____



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Date / Time _____

10. **Activity**
 BRP, advance as tolerated
 Other _____
11. **Nursing orders**
 Neuro checks every ____ hours
 I&O per shift x ____ days
 Other _____
 Initiate Standing Order – Pressure Ulcer, when indicated
 Ted hose Knee Thigh _____
 SCD's Bilateral _____
 Daily Weight
 FSBS QID ac & hs
 Other _____
 Sliding Scale Protocol Low Medium High
 Foley – discontinue within 72 hours unless otherwise ordered
 Initiate tobacco cessation education if patient currently using tobacco products
 Notify Physician
 Temp > _____
 HR < ____ or > ____
 SBP < ____ or > ____
 DBP < ____ or > ____
 RR ≥ 25
 Pulse ox less than _____
 Urine output less than ____ mL/hr x 2 consecutive hours
 Other _____
12. **Medications:**
Ace Inhibitor / ARB Reason **NOT** ordered _____
 Captopril (Capoten) 6.25 mg PO every 8 hours
 ***Hold for SBP < 90 mmHg or Cr / 2.4 mg/dL
 Other _____
Beta Blocker Reason **NOT** ordered _____
 Carvedilol (Coreg) 3.125 mg PO twice daily
 Metoprolol ER (Toprol XL) 25 mg PO every day or
 Metoprolol ER (Toprol XL) ____ mg PO _____
 Other _____

Physician Signature _____

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12. Medications (Continued)

- G Furosemide (Lasix) _____ mg IV every _____ hours x _____ doses
- G Spironolactone (Aldactone) 12.5 mg or _____ mg PO every day
 - ***Hold if Cr 2.0 mg/dL or K+ > 5.0mmol/L
 - ** Hold for HR < _____ bpm or SBP < _____ mmHg
- G Potassium _____ mEq PO _____
- G Dobutamine (Dobutrex) 5 mcg/kg/min or _____
 - *** Call if HR > 125 bpm
- G Enoxaparin (Lovenox) 40 mg subQ every day or _____
- G Nitropaste (Nitro-bid) _____ inch(es) every 6 hrs
 - ***Hold for SBP < 90 mmHg & wipe off for SBP < 85 mmHg
- G Enteric Coated Aspirin 325 mg PO every day or G Enteric Coated Aspirin 81 mg PO every day
- G Statin _____
- G Docusate sodium (Colace) 100mg PO at bedtime
- G Acetaminophen (Tylenol) 325 mg 1-2 tabs PO every 4 hrs prn for pain
 - * Do not exceed 4000 mg acetaminophen in 24 hours
- G Zolpidem (Ambien) 5 mg PO at bedtime prn for sleep – May repeat x 1
- G Antacid of Choice every 1 hr x 3 for indigestion
- Laxative of Choice every HS PRN for constipation
- Smoking Cessation (Nicotine Patch – apply to skin daily, rotate site PRN)
 - Over 10 cigarettes per day, 21 mg nicotine patch
 - Under 10 cigarettes per day, 14 mg nicotine patch
 - Under 5 cigarettes per day, 7 mg nicotine patch
- G Other _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- See Medication List Next Page

13. Referrals

- Rehab Services, evaluate and treat
 - PT
 - OT
 - ST
- Complimentary Medicine Consult
 - Massage
 - Healing Touch
 - Pet Therapy
 - Other _____
- Home Health Consult
- Wound Care Consult
- Hospice Consult
- Long Term Care Consult
- Financial Consult
- Dietary Consult _____
- Diabetic Consult
- Chemical Dependency Consult
- Case Management Consult _____
- Cardiopulmonary Consult
- Other _____

Physician Signature _____



