

Original Date	08/2006	Revision Date	02/2009	Withdrawn Date	
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Admit to Floor

Admit diagnosis: Congestive Heart Failure

New York Heart Association Class: _____

- I. No signs and symptoms of failure at rest or with ordinary activity
- II. No signs and symptoms of failure at rest; **however**, ordinary activity may cause signs and symptoms which may include fatigue, palpitations, and/or angina.
- III. Comfortable at rest, **however**, less than ordinary activity causes signs and symptoms which may include fatigue, palpitations and, or angina.
- IV. Signs and symptoms at rest – inability to carry out physical activity without discomfort.

ACC and AHA Stages of Heart Failure (HF): _____

Stage A. Identifies the patient who is at high risk for developing HF but has no structural disorder of the heart.

Stage B. Refers to the patient with a structural disorder of the heart but who has never developed symptoms of HF.

Stage C. Denotes the patient with past or current symptoms of HF associated with underlying structural heart disease.

Stage D. Designates the patient with end-stage disease who requires specialized treatment strategies such as mechanical circulatory support, continuous inotropic infusions, cardiac transplantation, or hospice care.

_____ New onset _____ Acute exacerbation

Allergies: _____

Diet:

_____ Low Na, Low Cholesterol

_____ Fluid restriction _____ mL/24 hours

Activity: _____

Medications:

_____ Diuretic: Hold diuretic if SBP < _____

furosemide (Lasix)

1. furosemide (Lasix) _____ mg IV now and q _____ hours

2. If urine output <500 ml in first 4 hours after initial dose, then give _____ mg IV q _____ hours.

furosemide (Lasix) _____ orally _____ (frequency)

_____ Spironolactone (Aldactone) 25 mg orally _____ (frequency)

_____ ACE inhibitor: _____

If patient is ACE intolerant:

Angiotensin II receptor blocker: _____

Isosorbide dinitrate: _____

Hydralazine: _____

_____ Beta-Blocker (if on prior to admit): _____

_____ digoxin (Lanoxin): _____

_____ IV fluids: _____

_____ Saline Lock

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Optional medications:

- _____ Nitroglycerin 0.4 mg sublingual q 5-min prn chest pain X 3. Call physician if no relief.
- _____ Morphine 2 - 10 mg IV q _____ hours prn chest pain not relieved by NTG. May also use morphine for severe dyspnea.
- _____ Warfarin (Coumadin) _____ mg orally daily
- _____ Aspirin _____ mg orally daily
- _____ Constipation protocol (Please complete.)
- _____ Nicotine transdermal patch apply to skin q 24 hours as needed for smoking cessation:
 - 14 mg
 - 21 mg
- _____ Nicotine gum 4 mg orally q 2 – 4 hours prn smoking cessation
- _____ Ondansetron (Zofran) 4 mg IV or orally (circle one) q 4 – 6 hours prn nausea/vomiting
- _____ Prochlorperazine (Compazine) 5-10 mg IV or orally (circle one) q 4-6 hours prn nausea/vomiting
- _____ Hyperlipidemia: _____

Other medication orders:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

_____ O₂ at _____ L per NC to keep O₂ SATS > 92%.

Diagnostics:

Lab:

- _____ BNP on admit (___ Done in ER)
- _____ BNP q AM
- _____ CBC
- _____ BMP
- _____ CMP
- _____ Dig level if on Lanoxin
- _____ Daily INR
- _____ Troponin q 8 hours X 3

Other lab orders:

Radiology:

- _____ CXR on admit → PA & Lateral or → Portable
- _____ CXR q AM
- _____ Obtain LVF testing from SMDC-I Falls (if available)

OR

- _____ LVF evaluation (echocardiogram)
- While hospitalized or → schedule upon discharge

Physician Signature

____/____/____ :____
Date Time

Routine Orders:

Nursing:

- _____ I & O
- _____ O₂ Saturation
- _____ Daily weights
- _____ Assess respiratory status q 4 hours
- _____ VS q 4 hours
- _____ Assess need for pneumonia vaccine
- _____ Assess need for influenza vaccine
- _____ Education regarding care of self post-discharge
- _____ TED hose

Referrals:

- _____ Home health referral
- _____ Referral to coumadin clinic
- _____ Dietary referral
- _____ Cardiac rehabilitation referral
- _____ PT/OT referral

Other Diagnostics:

- _____ EKG
- _____ Telemetry

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