



DOWNTIME Physician Order CARD CHF Heart Failure

Drug Allergies: Review patient allergies in power chart or in the electronic medical record (EMR) prior to prescribing / administering medications.

Faxed to Pharmacy
Date: _____ Init.: _____

Height _____ cm

Weight _____ kg

Clinical Category	Order	Placed in CP
ADT/Communication	<ul style="list-style-type: none"> ▪ Patient Status <ul style="list-style-type: none"> <input type="checkbox"/> ASC <input type="checkbox"/> Extended Recovery <input type="checkbox"/> Observation Services <input type="checkbox"/> Inpatient Admission <input type="checkbox"/> CCU Admit as Inpatient <input type="checkbox"/> History and Physical by House Physician 	
Vital Signs	<ul style="list-style-type: none"> ▪ Constant Order, Q Shift and PRN <i>Comments: Include pulse ox with all vitals, Notify Physician SpO2 less than 92 %</i> ▪ Weight T;0400, DAILY, Notify Physician if weight gain greater than 2 lbs in 24 hours. ▪ Intake and Output Q8HOURS, Strict I&O <i>Comments: Notify Physician of UO less than 500 mL 8 hours after initial diuretic dose</i> 	
Activity	<ul style="list-style-type: none"> ▪ Ambulate In hallway, TID <input type="checkbox"/> Activity as Tolerated Constant Order, with assistance as needed <input type="checkbox"/> Bathroom Privileges Constant Order, with assistance as needed 	
Nutrition	<ul style="list-style-type: none"> ▪ Diet Order <ul style="list-style-type: none"> <input type="checkbox"/> Cardiac with No Caffeine or Decafe Bev <input type="checkbox"/> Cardiac with No Caffeine or Decafe Bev, General Carb Controlled <input type="checkbox"/> Cardiac with No Caffeine or Decafe Bev, Consist Carb 3 Carbs/Meal (1200-1500ADA) <input type="checkbox"/> Cardiac with No Caffeine or Decafe Bev, Consist Carb 4 Carbs/Meal (1600-1900ADA) <input type="checkbox"/> Cardiac with No Caffeine or Decafe Bev, Consist Carb 5 Carbs/Meal (2000-2400ADA) ▪ Misc Nutrition Constant Order, May resume caffeinated beverages after stress test or if not stress test 	
IV Infusions	<ul style="list-style-type: none"> ▪ Saline Lock Peripheral with Saline Flush QShift and PRN (<i>pull Standard IV Catheter Flush Orders 217663X</i>) 	
Medications	<p>VTE Prophylaxis VIEW RELATED RESULTS FOR VTE RISK / SCORE – (pull VTE Prophylaxis order 161628X)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contraindication to Pharmacologic Prophylaxis <ul style="list-style-type: none"> <input type="checkbox"/> Contraindication, to Pharmacologic Prophylaxis <input type="checkbox"/> Currently on, anticoagulant (Lovenox, Heparin, Coumadin, Argatroban or Arixtra) <input type="checkbox"/> LOW RISK VTE - SUBPHASE <input type="checkbox"/> MODERATE RISK VTE - Lovenox ONLY - SUBPHASE <input type="checkbox"/> MODERATE RISK VTE - SCDs ONLY - SUBPHASE <input type="checkbox"/> HIGH RISK VTE - Lovenox AND SCDs - SUBPHASE <p>Diuretics</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lasix <ul style="list-style-type: none"> <input type="checkbox"/> 40 mg, Injection, IV Push, BID (DIURETIC) <input type="checkbox"/> 20 mg, Injection, IV Push, BID (DIURETIC) <input type="checkbox"/> 20 mg, Injection, IV Push, DAILY <input type="checkbox"/> 20 mg, Injection, IV Push, Q8HOURS <input type="checkbox"/> 40 mg, Injection, IV Push, DAILY <input type="checkbox"/> 40 mg, Injection, IV Push, Q8HOURS <p>Angiotensin-Converting Enzyme Inhibitors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prinivil <ul style="list-style-type: none"> <input type="checkbox"/> 2.5 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 5 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 10 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 10 mg, Tablet, ORAL, BID <input type="checkbox"/> 20 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 20 mg, Tablet, ORAL, BID <input type="checkbox"/> 40 mg, Tablet, ORAL, DAILY 	

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Medications	<p>Angiotensin-Converting Enzyme Inhibitors - continued</p> <p><input type="checkbox"/> Vasotec</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2.5 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 1.25 mg, Injection, IV Push, PRN, PRN: See Note Line Comments: SBP greater than 160 mmHg <input type="checkbox"/> 5 mg, Tablet, ORAL, BID <input type="checkbox"/> 5 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 10 mg, Tablet, ORAL, BID <input type="checkbox"/> 10 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 20 mg, Tablet, ORAL, BID <input type="checkbox"/> 20 mg, Tablet, ORAL, DAILY <p><input type="checkbox"/> Core Measure Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> Renal Dysfunction <input type="checkbox"/> Bilateral Renal Artery Stenosis <input type="checkbox"/> Hypotension <input type="checkbox"/> Moderate Severe Aortic Stenosis <input type="checkbox"/> Allergy / Intolerance of ACEi and ARB <p>Angiotensin Receptor Blockers</p> <p><input type="checkbox"/> Cozaar</p> <ul style="list-style-type: none"> <input type="checkbox"/> 25 mg, Tablet, ORAL, DAILY BEFORE BREAKFAST <input type="checkbox"/> 12.5 mg, Tablet, ORAL, DAILY BEFORE BREAKFAST <input type="checkbox"/> 50 mg, Tablet, ORAL, BIDAC <input type="checkbox"/> 50 mg, Tablet, ORAL, DAILY BEFORE BREAKFAST <input type="checkbox"/> 50 mg, Tablet, ORAL, ONCE <input type="checkbox"/> 100 mg, Tablet, ORAL, DAILY BEFORE BREAKFAST <p>Beta Blockers</p> <p><input type="checkbox"/> Toprol-XL</p> <ul style="list-style-type: none"> <input type="checkbox"/> 25 mg, Tablet CR, ORAL, DAILY WITH BREAKFAST <input type="checkbox"/> 12.5 mg, Tablet CR, ORAL, DAILY WITH BREAKFAST <input type="checkbox"/> 50 mg, Tablet CR, ORAL, DAILY WITH BREAKFAST <input type="checkbox"/> 75 mg, Tablet CR, ORAL, DAILY WITH BREAKFAST <input type="checkbox"/> 100 mg, Tablet CR, ORAL, DAILY WITH BREAKFAST <input type="checkbox"/> 200 mg, Tablet CR, ORAL, DAILY WITH BREAKFAST <input type="checkbox"/> 25 mg, Tablet CR, ORAL, BIDWM <input type="checkbox"/> 50 mg, Tablet CR, ORAL, BIDWM <p><input type="checkbox"/> Lopressor</p> <ul style="list-style-type: none"> <input type="checkbox"/> 25 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 5 mg, Injection, IV Push, Q4HOURS, PRN: See Note Line Comments: for HR above 100 <input type="checkbox"/> 5 mg, Injection, IV Push, Q6HOURS, PRN: See Note Line Comments: for HR above 100 <input type="checkbox"/> 50 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 75 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 100 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 5 mg, Injection, IV Push, Q3HOURS <input type="checkbox"/> 5 mg, Injection, IV Push, Q4HOURS <input type="checkbox"/> 5 mg, Injection, IV Push, Q6HOURS 	

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Medications continued	<p>Beta Blockers - continued</p> <p><input type="checkbox"/> Tenormin</p> <ul style="list-style-type: none"> <input type="checkbox"/> 25 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 25 mg, Tablet, ORAL, BID <input type="checkbox"/> 12.5 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 50 mg, Tablet, ORAL, DAILY <input type="checkbox"/> 50 mg, Tablet, ORAL, BID <input type="checkbox"/> 100 mg, Tablet, ORAL, DAILY <p><input type="checkbox"/> Coreg</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3.125 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 6.25 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 12.5 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 18.75 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 25 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 37.5 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 50 mg, Tablet, ORAL, BIDWM <p><input type="checkbox"/> Core Measure Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe Reactive Airway Disease <input type="checkbox"/> Hypotension <input type="checkbox"/> Bradycardia / Heart Block <input type="checkbox"/> Allergy / Intolerance of Beta Blocker <p>Antihypertensives</p> <p><input type="checkbox"/> Apresoline</p> <ul style="list-style-type: none"> <input type="checkbox"/> 25 mg, Tablet, ORAL, TIDWM <input type="checkbox"/> 25 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 50 mg, Tablet, ORAL, TIDWM <input type="checkbox"/> 50 mg, Tablet, ORAL, BIDWM <input type="checkbox"/> 100 mg, Tablet, ORAL, TIDWM <input type="checkbox"/> 100 mg, Tablet, ORAL, BIDWM <p><input type="checkbox"/> Imdur</p> <ul style="list-style-type: none"> <input type="checkbox"/> 30 mg, Tablet CR, ORAL, DAILY BEFORE BREAKFAST <input type="checkbox"/> 15 mg, Tablet CR, ORAL, DAILY BEFORE BREAKFAST <input type="checkbox"/> 60 mg, Tablet CR, ORAL, DAILY BEFORE BREAKFAST <input type="checkbox"/> 120 mg, Tablet CR, ORAL, DAILY BEFORE BREAKFAST <p>Nitrates</p> <p><input type="checkbox"/> Nitropaste 2% 1 in, Ointment, Topical, Q6HOURS Comments: Pharmacy to order Patch Site Check</p> <p>NitroDur (nitroglycerin) Patch</p> <ul style="list-style-type: none"> ▪ Nitro-Dur <ul style="list-style-type: none"> <input type="checkbox"/> 0.1 mg, Patch, Transderm, DAILY <input type="checkbox"/> 0.2 mg, Patch, Transderm, DAILY <input type="checkbox"/> 0.3 mg, Patch, Transderm, DAILY <input type="checkbox"/> 0.4 mg, Patch, Transderm, DAILY <input type="checkbox"/> 0.6 mg, Patch, Transderm, DAILY ▪ NITROGLYCERIN REMOVE PATCH <ul style="list-style-type: none"> <input type="checkbox"/> 1 patch(es), Patch, Transderm, QHS <input type="checkbox"/> 1 patch(es), Patch, Transderm, DAILY ▪ NITROGLYCERIN PATCH SITE CHECK 1 patch(es), Transderm, Q8HOURS <p><input type="checkbox"/> nitroglycerin drip 250 ML, IV, titrate Comments: concentration 0.2mg/ml, dose per protocol</p>	

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Laboratory	<ul style="list-style-type: none"> ▪ Misc Nursing Task, Order Repeat Labs, S. Cardiac and Troponin Q 6 h x 2. Start 6 hrs after initial set. ▪ LIPID PANEL ROUTINE, T+1;0500 - <i>Comments: 12 hour fasting, if not done within 6 months</i> <input type="checkbox"/> CBCWD STAT ▪ CBCND ROUTINE T+1;0500 <input type="checkbox"/> COMPMETA STAT ▪ BASICMETA ROUTINE - T+1;0500, DAILY, 2, Day(s) <input type="checkbox"/> MG STAT ▪ MG ROUTINE, T+1;0500 DAILY, 2, Day(s) <input type="checkbox"/> B TYPE PEP STAT <input type="checkbox"/> B TYPE PEP ROUTINE, T+1;0500 ▪ THYROID GROUP ROUTINE <input type="checkbox"/> UA NURSE COLLECT ▪ Misc Nursing Task Order HgA1C, T+1;0500, if Fasting Blood Sugar is greater than 150 	
Radiology	<p><input type="checkbox"/> XR CHEST 2V PA LAT STAT, CONGESTIVE HEART FAILURE <i>Comments: if not done in ED</i></p> <p><input type="checkbox"/> XR CHEST PORTABLE STAT, CONGESTIVE HEART FAILURE <i>Comments: if not done in ED</i></p>	
Other Diagnostic Procedures	<p>Other Diagnostic Procedures</p> <p><input type="checkbox"/> EKG STAT <i>Comments: if not done in ED</i></p> <p><input type="checkbox"/> ECHO with Definity</p> <p>Medications</p> <ul style="list-style-type: none"> ▪ Definity 2 ML, Injection, IV Push, ONCE, PRN: See Note Line - Dose per protocol <p>Other Diagnostic Procedures</p> <ul style="list-style-type: none"> ▪ Echo Routine <p><input type="checkbox"/> Echo CHF, Routine</p>	

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Respiratory	<ul style="list-style-type: none"> ▪ Oxygen Therapy <i>Nasal Cannula, See additional notes, Constant Order, 2-5 L NC PRN (if pt has COPD, oxygen at 2 L NC)</i> <input type="checkbox"/> ABG STAT 	
Consults	<ul style="list-style-type: none"> ▪ Cardiac Rehab Consult Phase I and II Heart Failure ▪ Home Health Consults ▪ Consult Social Services <i>Discharge Planning, Heart Failure</i> 	
Patient Education	<ul style="list-style-type: none"> ▪ Education Heart Failure <i>BID, Document Pt/Family response on Education Record and HF Care Path</i> 	

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