

Height _____ cm Weight _____ kg

Allergies _____

Emergency Department (ED) Management of Congestive Heart Failure Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	Code Status: <input type="checkbox"/> Full Resuscitation <input type="checkbox"/> _____ Consult: <input type="checkbox"/> Dr. _____ Service: _____ <input type="checkbox"/> CCAC			
Time (hhmm)	Activity <input checked="" type="checkbox"/> AAT ***Do not mobilize during severe pulmonary congestion or refractory heart failure*** QBP			
By	Vitals/Monitoring <input type="checkbox"/> Continuous Cardiac Monitor <input checked="" type="checkbox"/> Temp, HR, RR, BP, SpO ₂ q4h and PRN QBP <input checked="" type="checkbox"/> Input and Output QBP			
Status	Oxygen Therapy and Non-Invasive Ventilation (NPPV) QBP Titrate O ₂ to SpO ₂ to target between <input type="checkbox"/> 92% to 96% OR <input type="checkbox"/> 88% to 92% (for CO ₂ retainer) <input type="checkbox"/> Page Respiratory therapist for BiPAP Therapy (Parameters: IPAP 10 - 22 cmH ₂ O, EPAP 5 - 14 cmH ₂ O, titrate pressure and FiO ₂ to patient response)			
Processing Reviewed by	Lab Investigations <input checked="" type="checkbox"/> CBC QBP <input checked="" type="checkbox"/> INR <input checked="" type="checkbox"/> Na, K, Cl, TCO ₂ (LYTA) QBP <input checked="" type="checkbox"/> Creatinine QBP <input checked="" type="checkbox"/> Urea <input checked="" type="checkbox"/> Troponin QBP <input checked="" type="checkbox"/> Calcium <input checked="" type="checkbox"/> Magnesium <input checked="" type="checkbox"/> Phosphorus <input type="checkbox"/> Repeat Troponin in 6hr <input type="checkbox"/> ABG <input type="checkbox"/> Other: _____			
Status	Diagnostics <input checked="" type="checkbox"/> CXR PA and Lateral Reason: CHF <input type="checkbox"/> 2D Echo QBP Reason: CHF <input checked="" type="checkbox"/> ECG QBP <input checked="" type="checkbox"/> STAT ECG with chest pain/shortness of breath and notify physician			
Faxed by	Treatment IV Fluid <input type="checkbox"/> _____ at _____ mL/h <input type="checkbox"/> Saline Lock Diuretic QBP <i>Maximum Dose: furosemide 200 mg/dose, metOLazone 20 mg/day</i> <input type="checkbox"/> furosemide _____ mg IV Now QBP <input type="checkbox"/> furosemide _____ mg PO x1 at _____ hhmm <input type="checkbox"/> metOLazone _____ mg PO x1 (usual dose: 2.5 – 5 mg - Administer 30 minutes before furosemide) Vasodilator QBP <input type="checkbox"/> nitroglycerin 0.4 mg spray, 1 spray sublingual for angina q5minutes x3 PRN <input type="checkbox"/> nitroglycerin IV 50 mg/250 mL 5% dextrose in water. Start at _____ micrograms/minute (maximum 200 micrograms/minute), titrate to symptoms & MAP 65 mmHg <input type="checkbox"/> nitroglycerin transdermal patch _____ mg/h, apply topically x1. Remove and reassess in 24 hours			
	Additional Orders _____ _____			

Telephone Order _____
Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____ Read Back
Ordering Physician Date (dd/mm/yyyy) Time (hhmm)



Rev. 12/2016/V1 ORD203