

Grand Junction VAMC-CLINICAL PATHWAY-07/16/2010

CONGESTIVE HEART FAILURE- DRG No. 127 (LOS=4.2 Days)

	Day 1	Day 2	Day 3	Day 4	Day 5
ACTIVITY	<input type="checkbox"/> HOB elevated 30 ' <input type="checkbox"/> OOB in chair (as tolerated) <input type="checkbox"/> Rest periods between activities <input type="checkbox"/> Fall Risk Assessment/ Protocol initiated	<input type="checkbox"/> HOB elevated <input type="checkbox"/> OOB in chair (as tolerated) <input type="checkbox"/> Rest periods between activities	<input type="checkbox"/> OOB in chair TID <input type="checkbox"/> Ambulate in room as tolerated	<input type="checkbox"/> OOB in chair TID <input type="checkbox"/> Ambulate as tolerated <input type="checkbox"/> Discharge	<input type="checkbox"/> OOB in chair TID <input type="checkbox"/> Ambulate as tolerated <input type="checkbox"/> Discharge
TEST SPECIMENS	<input type="checkbox"/> CBC c Diff <input type="checkbox"/> Mg <input type="checkbox"/> ABG <input type="checkbox"/> PT/PTT <input type="checkbox"/> Troponin <input type="checkbox"/> BNP <input type="checkbox"/> CXR – PA + LA <input type="checkbox"/> TSH <input type="checkbox"/> Drug Levels (i.e.: digoxin, etc-if indicated)	<input type="checkbox"/> Chem 7	<input type="checkbox"/> Chem 7	<input type="checkbox"/> LVF assessed or planned at discharge	
DIET	<input type="checkbox"/> _____ Diet (2 gm NA, low cholesterol, low saturated fat) <input type="checkbox"/> Physician will assess need for fluid restriction	<input type="checkbox"/> Diet as tolerated <input type="checkbox"/> Strict I&O <input type="checkbox"/> D/C IV if nutrition status adequate <input type="checkbox"/> Physician will assess need for fluid restriction	<input type="checkbox"/> Advance diet as tolerated <input type="checkbox"/> Strict I&O <input type="checkbox"/> Physician will assess need for fluid restriction	<input type="checkbox"/> Advance diet as tolerated <input type="checkbox"/> Strict I&O <input type="checkbox"/> Physician will assess need for fluid restriction	<input type="checkbox"/> Advance diet as tolerated <input type="checkbox"/> Strict I&O <input type="checkbox"/> Physician will assess need for fluid restriction
MEDS	<input type="checkbox"/> After load reduction <input type="checkbox"/> Beta Blocker <input type="checkbox"/> Diuretics	<input type="checkbox"/> If IV change to PO	<input type="checkbox"/> If IV change to PO	<input type="checkbox"/> If IV change to PO	<input type="checkbox"/> If IV change to PO

CONSULTS	<input type="checkbox"/> Social Work -as indicated <input type="checkbox"/> Pulmonary- as indicated <input type="checkbox"/> Nutrition- as indicated <input type="checkbox"/> CCHT	<input type="checkbox"/> PT as indicated <input type="checkbox"/> OT as indicated <input type="checkbox"/> Smoking cessation	.		
TESTS	<input type="checkbox"/> 12-lead EKG <input type="checkbox"/> ECHO/MUGA (if ejection fraction is indicated) <input type="checkbox"/> Consider ABG <input type="checkbox"/> Pulse Oximetry	<input type="checkbox"/> F/U: ECHO/ MUGA <input type="checkbox"/> Repeat EKG <input type="checkbox"/> Repeat CXR	<input type="checkbox"/> EKG prn w/CP or change in SOB	<input type="checkbox"/> EKG prn w/CP or change in SOB	
IVs	<input type="checkbox"/> As indicated _____ @ _____ ml/hr	<input type="checkbox"/> As indicated _____ @ _____ ml/hr	<input type="checkbox"/> As indicated _____ @ _____ ml/hr		
TREATMENTS	<input type="checkbox"/> O2 2L NC prn SOB, titrate to keep sats>90% <input type="checkbox"/> Strict I&O <input type="checkbox"/> Respiratory Assessment Q shift	<input type="checkbox"/> O2 2L NC prn SOB, titrate to keep sats>90% <input type="checkbox"/> Strict I&O <input type="checkbox"/> Respiratory Assessment Q shift	<input type="checkbox"/> O2 2L NC prn SOB, titrate to keep sats>90% <input type="checkbox"/> Strict I&O <input type="checkbox"/> Respiratory Assessment Q shift	<input type="checkbox"/> O2 2L NC prn SOB, titrate to keep sats>90% <input type="checkbox"/> Strict I&O <input type="checkbox"/> Respiratory Assessment Q shift <input type="checkbox"/> Set up home oxygen if needed	<input type="checkbox"/> O2 2L NC prn SOB, titrate to keep sats>90% <input type="checkbox"/> Strict I&O <input type="checkbox"/> Respiratory Assessment Q shift <input type="checkbox"/> Set up home oxygen if needed
VITAL SIGNS	<input type="checkbox"/> TPR &BP Q 4hr x 24hr <input type="checkbox"/> Daily Weight (same time/same scale) <input type="checkbox"/> Pulse Ox Q 4hr X 24 hr	<input type="checkbox"/> TPR &BP Q 8 hr and PRN <input type="checkbox"/> Daily Weight (same time/ same scale) <input type="checkbox"/> Pulse Ox Q 8hr and PRN	<input type="checkbox"/> TPR &BP Q 8 hr and PRN <input type="checkbox"/> Daily Weight (same time/ same scale) <input type="checkbox"/> Pulse Ox Q 8 hr and PRN	<input type="checkbox"/> TPR &BP Q 8 hr and PRN <input type="checkbox"/> Daily Weight (same time/ same scale) <input type="checkbox"/> Pulse Ox Q 8 hr and PRN	<input type="checkbox"/> TPR &BP Q 8 hr and PRN <input type="checkbox"/> Daily Weight (same time/ same scale) <input type="checkbox"/> Pulse Ox Q 8 hr and PRN

<p>TEACHING</p> <p>Chart any new learning needs and barriers</p> <p>Chart teaching done and indications of patient comprehension</p>	<p><input type="checkbox"/> Orient to room and unit routines</p> <p><input type="checkbox"/> Review plan of care and treatment course with patient and family</p> <p><input type="checkbox"/> Begin medication instruction (dose/action)</p> <p><input type="checkbox"/> Recommend Smoking Cessation Advice/Counseling</p>	<p><input type="checkbox"/> Instruct s/s to report, disease process.</p> <p>Handouts per Krames: "What is heart failure" "Evaluating your heart"</p> <p><input type="checkbox"/> Smoking cessation teaching (if applicable) per counseling</p> <p><input type="checkbox"/> Diet education per RD</p> <p><input type="checkbox"/> Teach patient the importance of taking early AM weight and recording it daily per nursing or CCHT</p> <p><input type="checkbox"/> Continue medication teaching</p>	<p><input type="checkbox"/> Review s/s of early CHF (SOB/DOE, orthopnea, dyspnea, persistent cough, swelling of extremities, abdomen, sudden onset of CP).</p> <p>Handouts per Krames: "Warning signs of a flare up" "Taking meds to control HF" "Weight Taking Guidelines and WT log" "Checking Blood Pressure and Pulse"</p> <p><input type="checkbox"/> Continue medication teaching</p> <p><input type="checkbox"/> CCHT enrollment with patient teaching of how to take own pulse ,BP and weight</p> <p><input type="checkbox"/> If not enrolled in CCHT order scale from prosthetics</p>	<p><input type="checkbox"/> Review Diet/WT/meds instruction at discharge</p> <p><input type="checkbox"/> Activity/Coping</p> <p>Handouts per Krames: "Being active" "Coping with HF" "Making change to your diet"</p> <p><input type="checkbox"/> Ensure patient has scale for weight measurement and understands to contact MD if weight gain is 3 # in one day or 5 # in one week</p> <p><input type="checkbox"/> CCHT enrollment with patient teaching of how to take own pulse ,BP and weight</p> <p><input type="checkbox"/> If not enrolled in CCHT order scale from prosthetics</p>	<p><input type="checkbox"/> Review Diet/WT/meds instruction at discharge</p> <p><input type="checkbox"/> Ensure patient has scale for weight measurement and understands to contact MD if weight gain is 3 # in one day or 5 # in one week</p> <p><input type="checkbox"/> CCHT enrollment with patient teaching of how to take own pulse ,BP and weight</p> <p><input type="checkbox"/> If not enrolled in CCHT order scale and BP cuff from prosthetics</p>
<p>D/C PLANNING</p>	<p><input type="checkbox"/> Assess D/C needs and document</p> <p><input type="checkbox"/> Review anticipated LOS w/patient & family</p> <p><input type="checkbox"/> Parameters to evaluate in preparation for D/C: a) Achieved wt loss target and resolved s/s of CHF. b) Respiratory Rates = 12-16 c) Pulse Ox / O2 Sat=>90% d) Exercise tolerance (Goal: 100' walk in 40 seconds). e) Optimize PO medications as indicated above.</p>	<p><input type="checkbox"/> Continue D/C planning and document</p> <p><input type="checkbox"/> Parameters to evaluate in preparation for D/C: a) Achieved wt loss target and resolved s/s of CHF. b) Respiratory Rates = 12-16 c) Pulse Ox / O2 Sat=>90% d) Exercise tolerance (Goal: 100' walk in 40 seconds). e) Optimize PO medications as indicated ab</p>	<p><input type="checkbox"/> Consider d/c if achieved all parameters: a) Achieved wt loss target and resolved s/s of CHF. b) Respiratory Rates = 12-16 c) Pulse Ox / O2 Sat=>90% d) Exercise tolerance (Goal: 100' walk in 40 seconds). e) Optimize PO medications as indicated above.</p> <p><input type="checkbox"/> Schedule two week follow up appt in outpatient nurse clinic</p>	<p><input type="checkbox"/> Consider d/c if achieved all parameters: a) Achieved wt loss target and resolved s/s of CHF. b) Respiratory Rates = 12-16 c) Pulse Ox / O2 Sat=>90% d) Exercise tolerance (Goal: 100' walk in 40 seconds). e) Optimize PO medications as indicated above.</p> <p><input type="checkbox"/> LVEF < 40 on ACEI or ARB specific at discharge</p> <p><input type="checkbox"/> Schedule two week follow up appt in outpatient nurse clinic</p>	<p><input type="checkbox"/> Consider d/c if achieved all parameters: a) Achieved wt loss target and resolved s/s of CHF. b) Respiratory Rates = 12-16 c) Pulse Ox / O2 Sat=>90% d) Exercise tolerance (Goal: 100' walk in 40 seconds). e) Optimize PO medications as indicated above.</p> <p><input type="checkbox"/> LVEF < 40 on ACEI or ARB specific at discharge</p> <p><input type="checkbox"/> Schedule two week follow up appt in outpatient nurse clinic</p>
<p>EVALUATION</p>	<p><u>ON TRACK</u></p> <p>1900 <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials</p>	<p><u>ON TRACK</u></p> <p>1900 <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials</p>	<p><u>ON TRACK</u></p> <p>1900 <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials</p>	<p><u>ON TRACK</u></p> <p>1900 <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials</p>	<p><u>ON TRACK</u></p> <p>1900 <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials</p>

Reference	VA PERFORMANCE MEASURES: Heart Failure (HF) Core Measures in ORYX	FY10 GOAL
chi6	HF Inpatient (HF-4) Adult Smoking Cessation Advice/Counseling	98%
chi7	HF Inpatient (HF-1) Rec'd Diet/Wt/Meds Instruction at Discharge	95%
chi10	HF Inpatient (HF-2) LVF assessed or planned at discharge	99%
chi19	HF Inpatient (HF-3) LVEF < 40 on ACEI or ARB specific at discharge	98%