### DIAGNOSIS

**DATE/TIME**

**CONGESTIVE HEART FAILURE PATHWAY ORDERS**

**Page 1 of 3**

Check ☑ appropriate orders.

1. ☑ Admit to: __________________________ Dr. __________________ covering tonight.
   - ☐ Inpatient  ☐ Observation per risk stratification
   - ☐ ICU  ☐ Med/Surg Monitored
   - ☐ Notify attending physician by 0800 (if not already seen)
   - ☐ Cardiology consult: __________________________
   - ☑ Notify ancillary services of pathway institution

2. ☐ Additional diagnosis:

3. Code Status: ☐ Full Code  ☐ DNRCC  ☐ DNRCC Arrest (If DNR status applies, complete separate order sheet)

4. ☐ Allergies:

5. ☑ Old charts to floor

**NURSING**

6. ☑ Initiate CHIPs protocol

7. ☑ Vitals: Per unit routine or as applicable to patient need

8. ☑ Activity: Up ad lib unless otherwise directed by physician

9. Diet:  ☐ Dietary consult  ☐ NPO
   - ☐ Low Sodium  ☐ ADA Cardiac
   - ☐ Cardiac  ☐ Other: __________________________

10. ☑ Daily Weight
    - ☑ I&O’s

11. ☑ CHF teaching and discharge instructions – QUALITY INDICATOR

12. ☐ Sudden Cardiac Arrest DVD/education

13. ☑ If smoker within the last 12 months, order Smoking Cessation Referral – QUALITY INDICATOR

**LABS**

14. ☑ CK and Troponin on admission (if not already done) and then CK and Troponin every 6 hours x 3

15. ☑ Chem 8 daily x 3 days

16. ☑ Pro-BNP on admission and repeat in 48 hours with A.M. blood draw

17. ☐ Fasting Lipid Profile in a.m.

18. ☐ Fasting Direct LDL in a.m.

19. ☑ Echocardiogram – Quality Indicator
   - ☑ HUC to obtain report of most recent Ejection Fraction/Echocardiogram results
   - ☐ EF less than 40%: schedule patient for follow-up echocardiogram in _______________ (timeframe)

20. ☑ EKG on admission (if not already done) then PRN

21. ☑ Portable chest x-ray (if not already done)

**PATIENT LABEL**

**Marion General Hospital OhioHealth**

**CONGESTIVE HEART FAILURE PATHWAY ORDERS**

FORMULATED: 3/05, 7/05, 10/06

REVIEWED: 3/16/05, 7/21/05, 10/06, 1/08, 5/08, 9/08

REVISED: 8/10/04, 3/16/05, 7/21/05, 10/06, 1/08, 5/08, 9/08

December 9, 2008

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**CONGESTIVE HEART FAILURE PATHWAY ORDERS**

### MEDICATIONS

22. **IV:** saline lock

23. **Basal Bolus Hyperglycemia Protocol** – Call attending physician for specific orders.
   - **Insulin sliding scale per protocol**
     - **Conservative** - Patients at risk for hypoglycemia, high creatinine, dialysis dependant
     - **Standard** - Patients at risk for hyperglycemia, severe illness, infection, elevated FSBG on admission, corticosteroid use
     - **Aggressive** - Critically ill, Type 2 DM, post-op patient, severe sepsis

24. **O2 Protocol**

25. **Diuretic:**

26. **Potassium supplement:**

27. **Spironolactone:**

28. **Enteric coated ASA**

29. **For LVSD:**
   - **ACEI:** ___________________________ or ARB:
   - **HOLD for systolic BP less than _______ (100 mmHg if not specified)**
   If neither ACE nor ARB ordered, indicate
   - **ACEI allergy** ~ QUALITY INDICATOR
   - **ARB allergy**
   - **Known adverse reaction**
   - **Aortic stenosis, moderate/severe**
   - **Renal insufficiency**
   - **Other:** ____________________________

30. **Betablocker:** ___________________________
    - **HOLD for heart rate less than 60 or systolic BP less than _______ (100 mmHg if not specified)**
    If not ordered, indicate contraindication:
    - **Allergy** ~ QUALITY INDICATOR
    - **Bradycardia**
    - **Cardiogenic Shock**
    - **2nd or 3rd degree heart block in ECG**
    - **Other:** ____________________________

31. **Digoxin** (hold if HR less than 60)

32. **If patient is a smoker, number of packs/day__________**
    Nicotine replacement per protocol – dose per pharmacy
    Use with caution with patients with serious arrhythmias, worsening angina pectoris, or within the immediate post-myocardial infarction period (2 weeks).
    - **patch**
    - **lozenge**
    - **gum** (patient preference)

33. **Acetaminophen 650 mg p.o. every 4 hours prn fever or pain**

34. **Maalox 30 mL unit dose p.o. every 4 hours prn indigestion**

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**PATIENT LABEL**

[Image of Marion General Hospital logo]

**CONGESTIVE HEART FAILURE PATHWAY ORDERS**

**FORMULATED:**
**REVISED:** 3/05, 7/05, 10/06
**REVISED:** 8/10/04, 3/16/05, 7/21/05

December 9, 2008

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**MEDICATIONS (continued):**

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<tbody>
<tr>
<td>35. ☐ Analgesic:</td>
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<td>36. ☐ Sleep Aid:</td>
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<td>37. ☐ Laxative:</td>
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<td>38. ☐ Other:</td>
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**CONSULTS**

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<tr>
<td>39. ☐ Medical Massage Therapy – Assess and Treat</td>
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<td>40. ☐ Other:</td>
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**Date:**   
**Physician Signature:**