

**Covenant Health System
Heart Failure Clinic
Routine Admission Orders**

Submitted by: Virginia Wade, RN, MBA, CCRN

Allergies: _____ **Height:** _____ **Weight:** _____

1. Admit to Heart Failure Clinic
2. Present Heart Failure Education Program in 3 to 5 weeks. Provide Tobacco Cessation Information if patient uses or is exposed to tobacco use. Dietary and Social Service consult PRN.
3. Consult LinCare for "Heart Step" program.
3. Post-Education clinic visits: .. Weekly during drug titration; then Biweekly Monthly as ordered for intravenous vasoactive therapy.
5. Beta Blocker Protocol . ACE Inhibitor Protocol
6. Intravenous Vasoactive Drug
Therapy _____ times each week.

7. Diuretic Therapy: _____.
8. **Diuretic Therapy** for weight gain and/or symptoms of HF exacerbation:
 - a. 2 to 4 pounds - Furosemide (Lasix) 40mg. IVP or Torsemide (Demadex) 40mg. IVP.
 - b. 5 to 8 pounds - Furosemide (Lasix) 80mg. IVP or Torsemide (Demadex) 60mg. IVP with HFC follow-up the next week if visit not already scheduled.
 - c. 9 pounds or greater – notify physician.
9. **Potassium Replacement:**
 - a. K+ 3.0 to 3.9 give K-Lyte 50meq. PO. If IV diuretics given, re-draw K+ one (1) hour after K-Lyte administration. If K+ less than 4.0 repeat K-Lyte 50meq. PO. Patient may then be dismissed.
 - b. K+ less than 3.0, notify physician.
10. Labs: On admission and monthly:
 - CBC
 - Basic Metabolic Panel
 - Pro Time and Digoxin Level if patient takes Coumadin and/or Digoxin.
 - Magnesium level (check box if desired)
Each visit or weekly unless values abnormal:
Basic Metabolic Panel
 - Magnesium level (check box if desired)
Every six months and PRN:
Thyroid II Panel
Liver Function Test
Lipid Profile if patient IS NOT taking a lipid lowering medication
- Annually:**
 - Lipid Profile if patient IS taking a lipid lowering medication
11. B-Peptide on admission and with each visit PRN.
12. 12 Lead EKG on admission, with every medication titration, and PRN.
13. Impedance cardiography on admission and monthly or PRN thereafter.
14. Weigh on admission and post diuretic and/or vasoactive drug therapy if applicable.
15. Strict intake and output for patients receiving intravenous diuretic and/or vasoactive drug therapy.
16. Continuous ECG monitoring if receiving intravenous vasoactive drug therapy or drug titration.
17. SaO2 on admission, monthly, and PRN. Oxygen @ 2-3 liters / nasal cannula PRN.
18. Controlled fat, low sodium diet.
19. May take home medications as directed.
20. May use Covenant Contingency Orders and Covenant Protocol Contingency Orders PRN.
21. Fax EKG and lab results to physician's office.

Physician Signature

Date

Place Patient Label Here