

Date _____

Patient Name _____
 Dry Weight _____

Date of Birth _____

CHF Community Order Set

- Assess :
 - Cardiovascular/pulmonary assessment
 - Heart Rate – change in rate and/or change in regularity
 - Blood Pressure
 - Weight pattern, edema, shortness of breath, orthopnea
 - Review Baseline BMP
 - S/S of infection
 - Increased sodium intake
 - Compliance with treatment plan
- Notify doctor of findings of tachycardia over 100 or irregular rhythm; if systolic blood pressure (SBP) elevated above 160; signs and symptoms of infectious process; and/or development of symptoms within yellow/red zone.
- Instruct/ obtain daily weights and record in log (same time, same clothing)
- Fluid Intake 2 Quarts per day or Restricted Level _____
- Teach disease process with zone sheet for symptomatic heart failure exacerbation
- Teach Sodium restricted diet (1500mg recommended)
- Teach Smoking cessation
- Teach self-management skills of symptomatic heart failure
- Home health nursing frequency: SNV daily x 3 days; SNV 1-2 visits for the next 2 weeks with 6 prn visits available for cardiac assessment, teaching of disease process, self-management skills, and treatment plan changes, exacerbation of symptoms, and troubleshooting.
- Home health to maintain daily contact for first two weeks on service with home health agency staff to assess for signs/symptoms of exacerbation and use of self-management skills via visit, tele health encounter, or phone call.
- Provide teaching resources: Channing Bete “Learning to Live with Heart Failure”; Zone Sheet; Weight Log; Sodium Reduction Sheet; and Krames “Breaking your smoking addiction: stages to success”. Learning resources will be provided during inpatient stay or at first encounter with healthcare provider.
- Initiate diuretic protocol noted below for the following symptoms in the yellow zone:
 - Increased weight gain of 3 pounds in 2-3 days or 5 pounds in one week.
 - Increased swelling of the feet, ankles, legs, or abdomen
 - Increased shortness of breath
 - New orthopnea or PND
 - Feeling more tired, no energy
 - Dry, hacky cough
 - Dizziness
 - Harder to breathe lying down; need to sleep sitting up in chair.
 If diuretic protocol has been initiated greater than twice in past 30 days, contact the provider to report for evaluation by physician for a possible change in diuretic and potassium maintenance doses.

 Physician’s Signature

 Date

 Time

Reviewed/Revised: 10/14, 9/17 Reference: For Use On:	STILLWATER MEDICAL CENTER CHF Community Plan of Care Page 1 of 2	Patient Label (Pt Name, V#, MR#, DOB, DOS, Age, Sex, Loc, Physician)
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- Use the Lasix (Furosemide) protocol. Instruct patient to increase dose x 3 days.
 - If usual dose is Furosemide 20mg every am : then give patient extra dose of 20mg.
 - If usual dose is Furosemide 40 mg every am : then give patient extra dose of 40mg in pm
 - If usual dose is Furosemide 80 mg every am : then give patient extra dose of 40 mg in pm
 - If usual dose is Furosemide 20 mg twice a day : then give patient extra dose 20 mg in am
 - If usual dose is Furosemide 40 mg twice a day : then give patient extra dose 40 mg in am
 - If usual dose is Furosemide 80 mg twice a day : then give patient extra dose 40 mg at noon

Reassess in 3 days and if symptoms persist or worsen contact provider to discuss option of orders for metalazone or IV Lasix, check BMP or other labs, schedule visit to see the provider. If adequate response is achieved within 3 days as evidenced by improved symptoms (improved breathing, return to dry weight, patient reports green zone status), patient is to return to original doses of diuretic and potassium if ordered.
- Use the Demadex (torsemide) protocol. Instruct patient to increase dose x 3 days.
 - If usual dose is Demadex 10 mg every am: then give patient extra dose of 10 mg at noon.
 - If usual dose is Demadex 20 mg every am: then give patient extra dose of 20 mg at noon.
 - If usual dose is Demadex 40 mg every am : then give patient extra dose of 40 mg at noon.
 - If usual dose is Demadex 80 mg every am : then give patient extra dose of 40 mg at noon.

Reassess in 3 days and if symptoms persist or worsen contact provider to discuss option of orders for metalazone or IV lasix, check BMP or other labs, schedule visit to see the provider. If adequate response is achieved within 3 days as evidenced by improved symptoms (improved breathing, return to dry weight, patient reports green zone status), patient is to return to original doses of diuretic and potassium if ordered.
- Add the additional potassium when diuretic protocol is utilized.
 - If usual dose is KCL 10 meq every am : then give patient extra dose of 10 meq at am.
 - If usual dose is KCL 20 meq every am : then give patient extra dose of 20 meq at am.
 - If usual dose is KCL 40 meq every am : then give patient extra dose of 20 meq at noon.

Reassess in 3 days and if symptoms persist or worsen, contact provider. If adequate response is achieved within 3 days as evidenced by improved symptoms (improved breathing, return to dry weight, patient reports green zone status), patient is to return to original doses of diuretic and potassium if ordered.

 Physician's Signature

 Date

 Time

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