

PHYSICIAN'S DIRECTIONS

MEDICATION ORDERS WILL BE FILLED ACCORDING TO THE FORMULARY UNLESS SPECIFIC COMPANY IS INDICATED.

Additional Admission Orders for Congestive Heart Failure

ORDERED		Physician's Directions— Use Ball Point Pen <i>*Indicates Hospital Quality Alliance Indicators</i>	TIME NOTED	NURSE'S SIGNATURE
DATE	TIME			
		Congestive Heart Failure Additional Admission Orders (Use with Standard Admission Orders 858.229)		
		Diagnostic Tests: <input type="checkbox"/> *Oxygen saturation per protocol on admission: _____ <input type="checkbox"/> Oxygen therapy protocol: _____ <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> CBC <input type="checkbox"/> CBC with differential <input type="checkbox"/> Digoxin level <input type="checkbox"/> Magnesium level <input type="checkbox"/> BNP <input type="checkbox"/> Cardiac Injury Profile STAT _____ ; <input type="checkbox"/> Repeat _____ <input type="checkbox"/> Troponin STAT _____ ; <input type="checkbox"/> Repeat _____ <input type="checkbox"/> Chest x-ray STAT _____ <input type="checkbox"/> EKG STAT _____ ; <input type="checkbox"/> Repeat _____ <input type="checkbox"/> *Echocardiogram on (date) _____ Not needed because: _____ <input type="checkbox"/> Urinalysis <input type="checkbox"/> Other tests: _____		
		GI prophylaxis: _____		
		<input type="checkbox"/> *ACEI/ARB inhibitor _____		
		Not indicated because _____		
		<input type="checkbox"/> *Beta Blocker _____		
		Not indicated because _____		
		Fluid restriction: <input type="checkbox"/> No <input type="checkbox"/> Yes to _____ per day		
		<input type="checkbox"/> Daily weights		
		<input type="checkbox"/> Oxygen therapy at _____ L per protocol		

SIGNATURE