



For Back Up Use

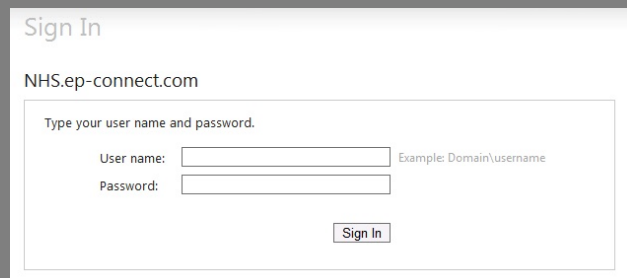
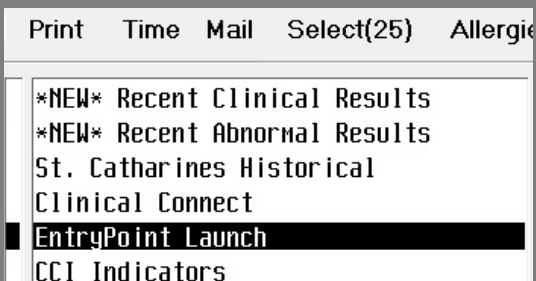
This copy of the Orderset is for Information & BackUp purposes only.

It is intended for use during downtimes.

**For daily use, please access the version on
EntryPoint**

To launch EntryPoint, go to PCI (Patient Care Inquiry) in Meditech. Look for “EntryPoint Launch” and follow the instructions. Log in using your PACS (or Outlook) username and password in lowercase.

Thanks.



Height _____ cm Weight _____ kg

Allergies _____

| Emergency Department (ED) Management of Congestive Heart Failure Order Set | | M | K | O |
|---|--|---|---|---|
| Orders Processed Date (dd/mm/yyyy) | Code Status: <input type="checkbox"/> Full Resuscitation <input type="checkbox"/> _____ Consult: <input type="checkbox"/> Dr. _____ Service: _____ <input type="checkbox"/> CCAC | | | |
| | Activity <input checked="" type="checkbox"/> AAT ***Do not mobilize during severe pulmonary congestion or refractory heart failure*** QBP | | | |
| Time (hhmm) | Vitals/Monitoring <input type="checkbox"/> Continuous Cardiac Monitor <input checked="" type="checkbox"/> Temp, HR, RR, BP, SpO ₂ q4h and PRN QBP <input checked="" type="checkbox"/> Input and Output QBP | | | |
| By | Oxygen Therapy and Non-Invasive Ventilation (NPPV) QBP Titrate O ₂ to SpO ₂ to target between <input type="checkbox"/> 92% to 96% OR <input type="checkbox"/> 88% to 92% (for CO ₂ retainer) <input type="checkbox"/> Page Respiratory therapist for BiPAP Therapy (Parameters: IPAP 10 - 22 cmH ₂ O, EPAP 5 - 14 cmH ₂ O, titrate pressure and FiO ₂ to patient response) | | | |
| Status | Lab Investigations <input checked="" type="checkbox"/> CBC QBP <input checked="" type="checkbox"/> INR <input checked="" type="checkbox"/> Na, K, Cl, TCO ₂ (LYTA) QBP <input checked="" type="checkbox"/> Creatinine QBP <input checked="" type="checkbox"/> Urea <input checked="" type="checkbox"/> Troponin QBP <input checked="" type="checkbox"/> Calcium <input checked="" type="checkbox"/> Magnesium <input checked="" type="checkbox"/> Phosphorus <input type="checkbox"/> Repeat Troponin in 6hr <input type="checkbox"/> ABG <input type="checkbox"/> Other: _____ | | | |
| Processing Reviewed by | Diagnostics <input checked="" type="checkbox"/> CXR PA and Lateral Reason: CHF <input type="checkbox"/> 2D Echo QBP Reason: CHF <input checked="" type="checkbox"/> ECG QBP <input checked="" type="checkbox"/> STAT ECG with chest pain/shortness of breath and notify physician | | | |
| Status | Treatment IV Fluid <input type="checkbox"/> _____ at _____ mL/h <input type="checkbox"/> Saline Lock Diuretic QBP <i>Maximum Dose: furosemide 200 mg/dose, metOLazone 20 mg/day</i> <input type="checkbox"/> furosemide _____ mg IV Now QBP <input type="checkbox"/> furosemide _____ mg PO x1 at _____ hhmm <input type="checkbox"/> metOLazone _____ mg PO x1 (usual dose: 2.5 – 5 mg - Administer 30 minutes before furosemide) Vasodilator QBP <input type="checkbox"/> nitroglycerin 0.4 mg spray, 1 spray sublingual for angina q5minutes x3 PRN <input type="checkbox"/> nitroglycerin IV 50 mg/250 mL 5% dextrose in water. Start at _____ micrograms/minute (maximum 200 micrograms/minute), titrate to symptoms & MAP 65 mmHg <input type="checkbox"/> nitroglycerin transdermal patch _____ mg/h, apply topically x1. Remove and reassess in 24 hours | | | |
| Faxed by | Additional Orders _____ _____ | | | |

Telephone Order _____
Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____ Read Back
Ordering Physician Date (dd/mm/yyyy) Time (hhmm)

