

**THE CLEVELAND CLINIC FOUNDATION
PHYSICIAN'S ORDERS**

RECORD ALL ALLERGIES AND INTOLERANCES (Update Composite List)

NO KNOWN ALLERGIES OR INTOLERANCES

CHIRP

DATE	TIME	USE BALLPOINT PEN ONLY	C	K	R
		HEART FAILURE SPECIAL CARE UNIT ADMISSION ORDERS			
		Page 1 of 2			
		Admit to Dr: _____			
		Admit to service: _____			
		Primary Dx: _____			
		Secondary Dx: _____			
		Condition: _____			
		VS per ICU routine: Hemodynamic goals per Heart Failure Unit Protocols			
		Daily weight			
		Strict I & O			
		Diet: 2 gram Sodium, Low Animal Fat			
		Fluid restriction: 1800 ml per 24 hours fluid restriction, Adjust fluid restriction to 1500 ml per 24 hours when Na+ < 131 mg/dL			
		Activity: Up in chair as tolerated / BSC; Progress as tolerated to walking in area surrounding H23 with ECG telemetry monitoring			
		Insert foley catheter pm, especially if heavy diuresis interrupts sleep			
		Double concentrate all drips when possible			
		<input type="checkbox"/> CCF pt: Clinical Resource Manager (CRM) contact for home care post discharge. If patient not deemed home-bound, CRM shall notify CHIRP for Phase II CHIRP assessment/enrollment			
		<input type="checkbox"/> Kaiser pt.: Mandatory Acute Case Manager contact (Ext. 55430)			
		<input type="checkbox"/> Follow potassium nomogram for hypokalemia (see page 2)			
		<input type="checkbox"/> Follow magnesium nomogram for hypomagnesemia (see page 2)			
		If Captopril protocol is ordered during H23 stay, dose increments are as follows: 6.25 mg → 12.5 mg → 25 mg → 50 mg (refer to written protocols)			
		If Enalapril protocol is ordered during H23 stay, dose increments are as follows: 2.5 mg → 5 mg → 10 mg (refer to written protocols)			
		If Lisinopril protocol is ordered during H23 stay, dose increments are as follows: 5 mg → 10 mg → 15 mg → 20 mg (refer to written protocols)			
		If Diuretic protocol is ordered during H23 stay, Furosemide IV is used, dose based on prior home dose (refer to written protocols)			
		If Hydralazine protocol is ordered during H23 stay, dose increments are as follows: 10 mg → 25 mg → 50 mg → 75 mg → 100 mg (refer to written protocols)			
		Signature: _____			
		Beeper: _____			

ALL ORDERS MUST BE SIGNED BY PHYSICIAN

FWO 5423 1/98

SEND EVERY ORDER COPY TO PHARMACY