**Hospital Inpatient Order Set**

Code Status

[ ] Full Resuscitation

[ ] Modified Code

[ ] Do Not Resuscitate

Vital Signs

Insert frequency

General

[ ] Weight, daily

[ ] Intake and output

[x] **Assess immunization history**

## [x] **Influenza Vaccine**

[x] **Pneumococcal Vaccine**

[x] **Provide heart failure education to patient and family on the following topics: signs of symptoms worsening, when to follow-up, activity, diet, medications, daily weight monitoring (Target HF: 60 minutes of HF education)**

[x] **Assess smoking history.**

**If smoker within past 12 months, provide smoking cessation materials**

[ ] Low Sodium (2 gm)

[ ] Fluid restriction

DVT Prophylaxis:

## [x] **Pharmacologic VTE Prophylaxis**

[ ] enoxaparin 40 mg injection SQ daily

[ ] dalteparin (Fragmin): 2500 or 5000 units SQ every day

[ ] enoxaparin (Lovenox): 30-40 mg SQ every day or 2 times a day

[ ] fondaparinux (Arixtra): 2.5 mg SQ every day

[ ] heparin: 5000 units injection SQ every 8 hours

[ ] rivaroxaban (Xarelto) Oral: 10 mg every day for prevention of DVT after hip surgery

[ ] apixaban (Eliquis): 5mg twice daily (2.5 mg twice daily in patients with

 two or more of the following: age >/= 80 years, weight /= 1.5mg/dL)

[ ] argatroban at any dose IV infusion

[ ] dabigatran (Pradaxa): 150 mg 2 times a day (75 mg 2 times a day in

 patients with renal failure)

[ ] dalteparin (Fragmin) : 100 mg/kg SQ every 12hrs

[ ] desirudin (Iprivask): 15 mg every 12 hours enoxaparin (Lovenox): 1 mg/kg SQ 2 times a day

[ ] fondaparinux (Arixtra): 5-10 mg SQ every day

[ ] heparin: continuous IV infusion titrated to elevated PTT outside the normal range. Typical ranges could include PTT 50-70 or 60-84.

[ ] lepirudin (Refludan) at any dose IV infusion

[ ] rivaroxaban (Xarelto) Oral: 20 mg every day (15 mg every day in patients with renal failure)

[ ] warfarin

## [x] **Mechanical VTE Prophylaxis**

[ ] Intermittent pneumatic sequential compression devices (SCDs)

[ ] Venous foot pumps (VFP, AV Boots)

## [ ] No VTE prophylaxis due to Choose an item.

Labs

[ ] CBC

[ ] BMP

[ ] CMP

[ ] Lipid panel

[ ] Magnesium level

[ ] Prothombin Time

[ ] Troponin

Diagnostics

[ ] Chest X-Ray

[ ] ECG

[x] **Echo. EF: \_\_\_\_\_\_\_\_\_\_%**

[ ] **LVEF previously evaluated** \_\_\_\_\_\_\_\_\_\_\_\_ (date). **EF: \_\_\_\_\_\_\_\_\_\_%**

Medications

## [ ] **Angiotensin-Converting Enzyme Inhibitor (ACEI)**

[ ] Lisinopril 10 mg oral daily

[ ] Enalapril 2.5 mg, oral, 2 times daily

[ ] Captopril 12.5 mg, oral, 3 times daily before meals

[ ] Accupril

[ ] Accuretic

[ ] Aceon

[ ] Altace

[ ] Benazepril

[ ] Benazepril/amlodipine

[ ] Benazepril Hydrochloride

[ ] Benazepril/hydrochlorothiazide

[ ] Capoten

[ ] Capozide

[ ] Captopril

[ ] Captopril HCT

[ ] Captopril/hydrochlorothiazide

[ ] Enalapril

[ ] Enalapril Maleate-Hydrochlorothiazide

[ ] Enalapril/hydrochlorothiazide

[ ] Enalaprilat

[ ] Fosinopril

[ ] Fosinopril Sodium-Hydrochlorothiazide

[ ] Lisinopril

[ ] Lisinopril/hydrochlorothiazide

[ ] Lotensin

[ ] Lotensin HCT

[ ] Lotrel

[ ] Mavik

[ ] Moexipril

[ ] Moexipril Hydrochloride

[ ] Moexipril Hydrochloride/Hydrochlorothiazide

[ ] Moexipril/hydrochlorothiazide

[ ] Monopril

[ ] Perindopril

[ ] Prinivil

[ ] Prinzide

[ ] Quinapril

[ ] Quinapril HCI

[ ] Quinapril HCI/HCT

[ ] Quinapril Hydrochloride Hydrochlorothiazide

[ ] Ramipril

[ ] Tarka

[ ] Trandolapril

[ ] Trandolapril/verapamil

[ ] Trandolapril/Verapamil
[ ] Hydrochloride

[ ] Uniretic

[ ] Univasc

[ ] Vaseretic

[ ] Vasotec

[ ] Zestoretic

[ ] Zestril

[ ] No ACEI prescribed due to Choose an item.

## [ ] **Angiotensin Receptor Blocker (ARB)**

[ ] Losartan, 50 mg, oral, daily

[ ] Valsartan, 80 mg, oral, two times daily

[ ] Olmesartan, 40 mg, oral, daily

[ ] Atacand HCT

[ ] Avalide

[ ] Avapro

[ ] Azilsartan

[ ] Azilsartan/chlorthalidone

[ ] Azor

[ ] Benicar

[ ] Benicar HCT

[ ] Candesartan

[ ] Candesartan
[ ] Hydrochlorothiazide

[ ] Cozaar

[ ] Diovan

[ ] Diovan HCT

[ ] Edarbi

[ ] Edarbyclor

[ ] Eprosartan

[ ] Eprosartan/hydrochlorothiazide

[ ] Exforge

[ ] Hyzaar

[ ] Irbesartan

[ ] Irbesartan/hydrochlorothiazide

[ ] Losartan

[ ] Losartan/hydrochlorothiazide

[ ] Micardis

[ ] Micardis HCT

[ ] Olmesartan

[ ] Olmesartan/amlodipine

[ ] Olmesartan/amlodipine/hydrochlorothiazide

[ ] Olmesartan/hydrochlorothiazide

[ ] No ARB prescribed due toChoose an item.

## [ ] **Angiontensin Receptor Neprilysin Inhibitor (ARNi)**

[ ] Sacubitril/valsartan (Entresto) 49 mg/51 mg, oral, twice daily

[ ] No ARNi prescribed due to Choose an item.

## [ ] **Aldosterone Antagonist**

[ ] Aldactone

[ ] Aldactazide (Hydrochlorothiazide + Spironolactone)

[ ] Eplerenone, 25 mg, oral, 2 times daily

[ ] Inspra

[ ] Spironolactone, 25 mg, oral, daily

[ ] Spironolactone Plus (Hydrochlorothiazide + Spironolactone)

[ ] No Aldosterone Antagonist due to Choose an item.

## [ ] **Evidence-Based Beta Blocker**

[ ] Bisoprolol, 5 mg, oral, daily

[ ] Bisoprolol fumerate

[ ] Bisoprolol/Hydrochlorothiazide

[ ] Zebeta

[ ] Ziac

[ ] Carvedilol, 3.125, oral, 2 times daily with meals

[ ] Carvedilol CR

[ ] Coreg

[ ] Coreg CR

[ ] Dutoprol

[ ] Metoprolol succinate

[ ] Metoprolol succinate CR/XL 50 mg, oral, daily

[ ] Metoprolol succinate CR/XL/hydrochlorothiazide

[ ] Toprol

[ ] Toprol XL

[ ] No evidence-based beta blocker due to Choose an item.

## [ ] **Hydralazine Nitrate**

### [ ] Hydralazine 37.5 mg-Isosorbide dinitrate 20 mg orally three times a day

[ ] Isosorbide dinitrate tablet, oral, 3 times daily

[ ] Isosorbide mononitrate, oral, daily

[ ] Hydralazine tablet, oral q 8 hours

[ ] **Hydralazine Containing Medications**

[ ] Apresoline

[ ] Apresazide

[ ] Bidil

[ ] Dralserp

[ ] Diuretic Ap-Es

[ ] Dralzine

[ ] Hydralazine

[ ] Hydralazine/Hydrochlorothiazide

[ ] Hydralazine/Hydrochlorothiazide/Reserpine

[ ] Hydralazine/Isosorbide Dinitrate

[ ] Hydralazine/Reserpine

[ ] Hydrap-ES

[ ] Hydra-Zide

[ ] Marpres

[ ] Ser-Ap-Es

[ ] Serathide

[ ] Serpazide

[ ] Serpex

[ ] Tri-Hydroserpine

[ ] Uni Serp

[ ] Unipres

[ ] **Nitrate Containing Medications**

[ ] Dilatrate-SR

[ ] IMDUR

[ ] ISMO

[ ] Iso-Bid

[ ] IsoDitrate

[ ] Isochron

[ ] Isonate

[ ] Isorbid

[ ] Isosorbide dinitrate

[ ] Isosorbide mononitrate

[ ] Isordil Titradose

[ ] Isordil Tembids

[ ] Isotrate ER

[ ] Monoket

[ ] Nitro-Dur

[ ] Nitrogard

[ ] Nitrolingual

[ ] Nitrostat

[ ] Sorbitrate

[ ] Transderm-Nitro

[ ] No Hydralazine Nitrate due toChoose an item.

[ ] isosorbide dinitrate (ISORDIL) tablet [44741]Oral, 3 TIMES DAILY - BEFORE MEALSisosorbide mononitrate CR (IMDUR) tablet [65472]Oral, DAILYhydrALAZINE (APRESOLINE) tablet [44374]Oral, Q 8 HOURS (SPECIFIED)isosorbide dinitrate (ISORDIL) tablet [44741]Oral, 3 TIMES DAILY - BEFORE MEALSisosorbide mononitrate CR (IMDUR) tablet [65472]Oral, DAILYhydrALAZINE (APRESOLINE) tablet [44374]Oral, Q 8 HOURS (SPECIFIED)

## [ ] Diuretics

[ ] Furosemide 20-24 mg daily

[ ] Bumetanide 0.5-1mg daily

[ ] Tosemide 10-10 mg daily

[ ] Hydrochlorothiazide 25 mg daily

[ ] Metolazone 2.5 mg daily

##

## [ ] **Anticoagulation *(\*Required for Afib*)**

### [ ] Factor Xa Inhibitor

[ ] Apixaban

[ ] Fondaparinux

[ ] Betrixaban

[ ] Rivaroxaban

[ ] Edoxaban

### [ ] Direct Thrombin Inhibitor

[ ] Argatroban

[ ] Dabigatran

[ ] Desirudin

[ ] Lepirudin

### [ ] Warfarin

### [ ] Low Molecular Weight Heparin

[ ] Dalteparin

[ ] Enoxaparin

[ ] Dalteparin

[ ] tinzaparin

### [ ] Low Dose Unfractionated Heparin

[ ] Heparin

[ ] No Anticoagulation due to Choose an item.

Additional Assessments (as needed)

[ ] **CRT CRT-D or CRT-P Placed or Prescribed**

[ ] **ICD counseling provided, or ICD placed or prescribed**

Consults

[ ] Cardiology

[ ] HF Clinic/Team

[ ] Case Management/Social Work

[ ] Cardiac Rehab

[ ] Nutrition

[ ] Palliative Care

[ ] Pharmacy

[ ] EP

[ ] Endocrine

[ ] Other: Click or tap here to enter text.

Prior to patient discharge:

**\*Follow Discharge Protocol\***

[x] **Schedule patient follow-up appt to occur within 7 days of discharge (or sooner based on individual patient condition). Follow-Up Date/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[x] **Refer patient to heart failure disease management program. Patient referred to \_\_\_\_\_\_\_\_\_\_\_\_.**

[x] **Refer patient to cardiac rehab. (Inpatient or Virtual)**

[x] **Ensure patient discharged on GDMT.**

[x] **Patient and family provided HF education.**

[x] **Received influenza and pneumococcal vaccination if applicable.**