

PHYSICIAN'S ORDER SHEET

1916-004-1

1 ORDERED
✓ TRANSCRIBED

EXAMPLE: This item is currently in use at another hospital and is included in this packet for your consideration as you assess needs for a similar document at your facility.

DATE		
TIME ORDERS NOTED	A.M.	P.M.
NURSE'S SIGNATURE		
A GENERIC EQUIVALENT MAY BE USED IF NOT CHECKED		<input checked="" type="checkbox"/>
24 HR. CHECK		
ALLERGIES		

CONGESTIVE HEART FAILURE DISCHARGE ORDER SET

1. Consult outpatient CHF clinic.
 Consult Cardiac Rehab for outpatient classes .

2. Discharge patient to:
 Home
 Home Health
 Hospice
 SNF
 ICF
 Other:

3. Discharge Instructions: Activity:

4. Discharge Instructions: Diet:
 2,000mg sodium, Step I diet
 If diabetic, specify calorie level _____ diabetic.
 Other:

5. Discharge Instructions: Daily weight.
 Restrict fluids _____ ml in 24 hours

6. Discharge Instructions: Medications
 1) Angiotensin Converting Enzyme Inhibitor (ACEI): _____

If ACEI medications not ordered, why?

<input type="checkbox"/> Creatinine greater than 3.0mg/dl	<input type="checkbox"/> Systolic pressure less than 90mmHg
<input type="checkbox"/> Allergy	<input type="checkbox"/> History of Intolerance
<input type="checkbox"/> Potassium greater than normal	<input type="checkbox"/> Moderate or severe aortic stenosis
<input type="checkbox"/> Other reason:	

2) Beta Blocker: _____

3) Diuretic: _____

4) Digoxin: _____

5) Potassium: _____

6) Anticoagulant: _____ Dr. _____ to follow.

PHYSICIAN'S SIGNATURE:

2-7.1

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CONGESTIVE HEART FAILURE DISCHARGE ORDER SET

- 8) Magnesium: _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____

7. Home O2: _____

Discharge Instructions: Follow-up appointment

- Attending within 7 days Dr. _____
- Consultant within 14 days Dr. _____

Instruct patient to notify Community Health Line if symptoms worsen at (816) 271-4000

Follow-up Testing:

8. Discharge instructions:

Follow-up in office **(if patient is a candidate and does not receive during this hospitalization):**

- Pneumococcal Vaccine 0.5ml IM.
- Influenza Vaccine 0.5ml IM (September-February), based on vaccine availability.
- Fax Discharge Orders to office. X1

PHYSICIAN'S SIGNATURE: