**Duke University Hospital**

**Doctor's Orders**

**E.D. Clinical Evaluation Unit**

**CHF EXACERBATION**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Page 1 of 1</th>
<th><strong>Doctor's Orders</strong></th>
<th>EDUC</th>
<th>Nurse</th>
</tr>
</thead>
</table>

[ ] Assign to CEU for evaluation of Congestive Heart Failure

**Consults:**  [ ] Cardiology Heart Failure  [ ] Social Worker  
[ ] RN for educational needs: dietary modifications

**Lab tests:**
- [ ] CK, CK-MB (note time): 4 hr: ________, 8 hr: ________
- [ ] Troponin T (note time): 4 hr: ________; 8 hr: ________
  (timed from ED arrival/first draw; EDUC to send STAT)
- [ ] Dig level  [ ] Repeat Chemistry  [ ] Magnesium  [ ] OP4  [ ] Lipid profile

**Diagnostic tests:**
- [ ] EKG (note time): 4 hr: ________; 8 hr: ___________; 12 hr: __________
  and PRN change in patient status

**Treatments:**
- [ ] IV saline lock, flush per unit routine
- [ ] VS q 4 hours and PRN change in patient status
- [ ] Oxygen 2Lprn via nasal cannula. Pulse oximetry notify PA if <90%
- [ ] Strict I&O
- [ ] Foley cath placement prn diuresis

**Medications:** (specify dosages, route, frequency)

**DRUG AND FOOD ALLERGIES_______________________**
- [ ] IV Furosemide 40 mg IV
- [ ] Repeat IV Furosemide 80mg 3 hrs after initial dose
- [ ] Digoxin (if not therapeutic)
- [ ] Potassium Replacement ________  [ ] Repeat OP7 in 4 days
- [ ] Magnesium Replacement 2g IV over 1 hr if indicated
- [ ] Give patient their following regular daily medications: (order from Pharmacy)
  ______________________________  ______________________________
  ______________________________  ______________________________

**Diet:**  [ ] Step 1 AHA diet  [ ] Diabetic Diet if indicated  [ ] Fluid restriction 1500cc

**Activity:**  [ ] Bedrest with bathroom privileges

**PHYSICIAN SIGNATURE**

ID#, DATE/TIME:

**ADDITIONAL ORDERS:**

**Functional Study:** (choose one) reason for test: ____________________________
- [ ] Exercise Stress Test  [ ] Exercise Stress Echo  [ ] Definity contrast
- [ ] *Other: (specify) __________________________________
  * (if ordering Nuclear Cardiology study, call 684-7744 to notify)

[ ] Other:

**PHYSICIAN SIGNATURE**

ID#, DATE/TIME:

**PATIENT DISPOSITION:**  [ ] Admit _______  [ ] Discharge

**PHYSICIAN SIGNATURE**

ID#, DATE/TIME: