Duke University Hospital

Doctor's Orders E.D. Clinical Evaluation Unit CHF EXACERBATION

Date	Time	Page 1 of 1 Doctor's Orders	EDUC	Nurse
		[] 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 [] ABG [] Magnesium [] OP4 [] Lipid profile Diagnostic tests:		
		<pre>Treatments: ? IV saline lock, flush per unit routine</pre>		
		? 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:		
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		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)		
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		? Other:		
		PHYSICIAN SIGNATURE		
		ID#, DATE/TIME:		
		PATIENT DISPOSITION: ? Admit ? Discharge		
		-		
		PHYSICIAN SIGNATURE		
		ID#, DATE/TIME:		