THE UNIVERSITY OF KANSAS HOSPITAL
KUMED
3901 Rainbow Boulevard
Kansas City, Kansas 66160

PHYSICIAN'S ORDER FORM

Do not write in this box

DT0017

PATIENT LABEL

DATE & TIME	#	ORDERS **OUTPATIENT INFUSION STANDING ORDERS**
		Reference:
	1.	Diagnosis: Congestive Heart Failure
	2.	Allergies:
	3.	Activity: Up ad lib if hemodynamically stable ❑ Up with assistance only
	4.	Diet: 2 GM Sodium
	5.	Oxygen: 2 liters/nasal cannula prn if shortness of breath or to maintain $SaO_2 > 92\%$
	6.	Intravenous Infusion Medication and Dosage: Dosing weight: __________kg ❑ Nesiritide (Natrecor®) 2mcg/kg bolus administered over 2-10 minutes ❑ No Nesiritide (Natrecor®) bolus ❑ Nesiritide (Natrecor®) 1.5 mg in 250 ml D5W to run at _____ mcg/kg/min for _____ hrs. ❑ Milrinone (Primacor®) 20 mg in 100 ml D5W to run at 0.375 mcg/kg/min for _____hrs. ❑ Milrinone (Primacor®)20 mg in 100 ml D5W to run at 0.5 mcg/kg/min for_____ hrs. ❑ Dobutamine (Dobutrex®) 1000 mg in 250 ml D5W to run at ___mcg/kg/min for_____hrs. ❑ Other____
	7.	Monitoring ▪ Vital Signs: a. Orthostatic blood pressure (sitting/standing) on arrival and after infusion completed. b. After initiation of the infusion or a change in the dosage of medication, monitor and record vital signs every 15 minutes for the first hour, every 30 minutes for 1 hour, then every hour for remaining infusion. ▪ Weight: obtain pre-infusion and post-infusion ▪ Telemetry: routine ❑ No telemetry required Maintain **strict** intake/output
	8.	Lab/Tests ❑ BMP ❑ Mg ❑ BNP pre infusion ❑ CBC ❑ Hgb/HCT ❑ PT/INR ❑ HgbA1C ❑ CXR ❑ Other ____
	9.	Other Medications or instructions: ❑ Acetaminophen (Tylenol®) 650mg p.o. q 4 hours prn pain ❑ Furosemide (Lasix ®) ______________mg IV if urine output < 200ml in 2 hours ❑ Potassium Chloride ____________ mEq p.o. if $K^+ < 4$ ❑ ____

OUTPATIENT INFUSION STANDING ORDERS

THE UNIVERSITY OF KANSAS HOSPITAL
KUMED
3901 Rainbow Boulevard
Kansas City, Kansas 66160

PHYSICIAN'S ORDER FORM

Do not write in this box

PATIENT LABEL

DATE & TIME	#	ORDERS OUTPATIENT INFUSION STANDING ORDERS
	10.	Other Medications or Instructions:______________________________ ______________________________ ______________________________
	11.	Notify CHF Physician/ARNP Pager: ________________ If: ❑ Patient develops symptomatic hypotension with SBP< 90 mmHg. ❑ Urinary output < 200 ml in 2 hours after initiation of infusion. **Labs**: K+ <3.7 or > 5.1, Na+ <130, Creat >2 or significant increase (↑ of 0.3mg/dl) from prior reading. ❑ Other ______________________________.
	12.	Consults: ❑ Nutrition consult: Dietician to instruct patient on low sodium diet. ❑ Social services consult for:______________________________. ❑ Patient Medication Assistance Program consult: contact pharmacy at 588-2384. ❑ Cardiac Rehab for: ______________________________. ❑ Other:______________________________.
	13.	a. Patient may be dismissed 15 min. after completion of infusion if the following criteria is met: ▪ Systolic blood pressure > 90 mmHg and/or patient is ambulatory without symptoms ▪ Systolic blood pressure < 130mmHg ▪ Patient does not experience decrease in blood pressure >20mmHg change from baseline ▪ Patient has not experienced an increase in shortness of breath or lightheadedness ▪ Urine output > 500ml b. Arrange for patient to return for outpatient infusion on:______________________________. c. Return to Heart Failure Clinic at Mid-America Cardiology on:______________________________.

Physician Signature:______________________________ Pager:____________

OUTPATIENT INFUSION STANDING ORDERS