Saint Vincent's Manhattan
153 WEST 11TH ST., NEW YORK, NY 10011

CHF
DOCTOR'S ORDER FORM

DRUG ALLERGIES: ❑ None ❑ Yes, to _____

PATIENT WEIGHT: _____ KG _____ LB

ADDRESSOGRAPH

ALL ORDERS MUST BE SIGNED AND STAMPED

MEDICATION/IV ORDERS ONLY	NOTED BY ED	NOTED BY INPT
DATE: / / TIME: AM/PM		
Lasix ❑ _____ mg IV qd		
❑ _____ mg IV bid		
Digoxin ❑ 0.125 mg po qd		
❑ 0.250 mg po qd		
❑ Captopril _____ mg po q8h		
❑ Aldactone _____ mg po qd (if Cr <1.8)		
❑ Enteric coated ASA _____mg qd		
INFUSION THERAPY FOR CCU PATIENTS ONLY		
❑ Dobutamine _____		
❑ Dopamine _____		
❑ IV NTG (>40 mcg in CCU) _____		
❑ Enalapril_____		
❑ Milrinone _____		
ICCU		
❑ Dobutamine _____		
❑ Dopamine _____		

OTHER ORDERS HERE	NOTED BY ED	NOTED BY INPT
DAY OF ADMISSION		
1. Admit to _____		
2. Diagnosis _____		
3. Condition _____		
4. Vital signs q4h		
5. Diet 2 Gram Na+_____		
6. Allergies _____		
7. Heparin lock		
8. Activity _____		
9. Pulse oximetry q shift		
10. O_2 via _____ @ _____		
11. Strict intake and output—measure and record q. shift		
12. Daily weight before breakfast (same scale please)		
NOTE: 13-15 to be done only if NOT available from the Emergency Department		
13. ❑ CXR		
14. ❑ ECG		
15. ❑ CBC, UA, comprehensive panel, PT/PTT/INR (if indicated)		
16. ❑ Cardiac enzymes		
17. Daily metabolic panel while pt receiving IV Lasix		
18. ❑ Additional labs _____		
19. ❑ ECHO (ext. 8342)		
20. ❑ Heart failure consult ext—CHF1 (2431)		
21. ❑ Venous compression device while in bed		
22. ❑ Telemetry		
Please have patient's old medical records sent to the floor.		

(PRINT) (SIGN) BEEPER #

USE BALL POINT PEN ONLY

PHARMACY IS AUTHORIZED TO DISPENSE GENERIC EQUIVALENT WHEN PROPRIETARY NAMES ARE USED