



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

**PHYSICIAN'S ORDERS
ORDONNANCES MÉDICALES
Clinical Pathway
Plan clinique**

Medication Allergies/Reactions

Substances or Food Allergies/Reactions

none known-aucune connue

none known-aucune connue

HEART FAILURE CLINICAL PATHWAY ORDERS

Init	NON-MEDICATION-SANS MÉDICAMENTS	Init	IV & MEDICATION-SOLUTÉ & MÉDICAMENTS (Meds, dose-posologie, route-voie, frequency-fréquence)
	Initiate the Clinical Pathway for Heart Failure		Furosemide ___ mg PO <input type="checkbox"/> daily <input type="checkbox"/> bid ___ mg IV <input type="checkbox"/> daily <input type="checkbox"/> bid
	Diet: 2 g Na ⁺ diet <input type="checkbox"/> Heart Institute <input type="checkbox"/> Diabetic diet _____ cal		Start ACE Inhibitor OR Angiotensin Receptor Blocker (ARB)
	Fluid restriction: <input type="checkbox"/> 1.2 L/day <input type="checkbox"/> 1.5 L/day <input type="checkbox"/> Other		Hold ACE or ARB if: systolic BP < 80 mm Hg OR symptomatic
	Telemetry: <input type="checkbox"/> yes <input type="checkbox"/> no		Enteric Coated ASA ___ mg PO daily Digoxin ___ mg PO daily
	Bloodwork according to pathway		Beta-blocker: <input type="checkbox"/> Carvedilol ___ mg PO bid <input type="checkbox"/> Metoprolol ___ mg PO bid <input type="checkbox"/> Bisoprolol ___ mg PO bid
	Chemstrip: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> bid <input type="checkbox"/> qid		Hold Beta-blocker if: HR < 50 bpm OR systolic BP < 80 mm Hg OR symptomatic
			Spirinolactone <input type="checkbox"/> 12.5 mg PO daily <input type="checkbox"/> 25 mg PO daily <input type="checkbox"/> 50 mg PO daily
			<input type="checkbox"/> Milrinone protocol <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Potassium Chloride (Slow K) 600 mg (8 mmol) ___ tab(s) PO daily
			PRN medications: <input type="checkbox"/> Dimenhydrinate (Gravol) 25 – 50 mg PO q4h prn <input type="checkbox"/> Dimenhydrinate (Gravol) 12.5 – 25 mg IV q4h prn <input type="checkbox"/> Docusate 100 mg PO bid prn <input type="checkbox"/> Laxative of choice prn <input type="checkbox"/> Lorazepam 0.5 – 1 mg SL tid prn <input type="checkbox"/> Oxazepam 15 – 30 mg PO qhs prn <input type="checkbox"/> Tylenol 1 – 2 tabs PO q4h prn <input type="checkbox"/> Potassium Chloride SR 20 mmol (K-Dur), 2 tabs for K < 3.6. <input type="checkbox"/> Call MD if K ⁺ < 3.0.
			Other medications: _____ _____ _____

Date (yyaa/mm/dj) : Time-Heure : Physician-Médecin (printed-imprimé) : Signature :
 Date (noted-notée) : Time-Heure : Processed by-Traitée par : Signature (Nurse-Infirmière) :