

Heart Failure Standing Orders for Home Health
FAX TO: MaineHealth Care at Home: 207-775-5521

Patient Name: _____ Date of Birth: _____

Patient Weight at Home on Morning after Discharge _____ lbs. Measured via (choose one):
 patient home scale telehealth scale

Allergies: _____

Provider: Complete Sections 1-4

1	<ul style="list-style-type: none"> • Target Weight: _____ • Call provider if A) weight \geq 4 lbs below target or B) weight below _____ lbs. Circle A) or B) • Activate protocol if A) weight \geq 4 lbs above target or B) weight above _____ lbs. Circle A) or B) • Hold protocol and notify provider if BUN/Creatinine: _____/_____ Baseline: _____/_____ 	
2	<p>Order from patient's pharmacy:</p> <ul style="list-style-type: none"> • Metolazone 2.5 mg PO dispense #4, 2 refills • Potassium 20 meq PO dispense #8, 2 refills 	3
		<p>Check and complete all that apply–Note: IV dosing at 2.5X usual oral daily dose Home Health agency will arrange delivery of IV medications for Urgent Diuretic Kit</p> <ul style="list-style-type: none"> <input type="checkbox"/> IV furosemide 480 mg. Administer as directed; 2 refills <input type="checkbox"/> IV bumetanide 16 mg. Administer as directed; 2 refills <input type="checkbox"/> Normal Saline for IV flush dispense 8; 2 refills <p>Order is valid for 1 year unless otherwise specified</p>

Orders

- Install Telehealth monitor
- Draw baseline BMP and Mg++ if not available within last 7 days. Draw follow up labs every other day during activation. Repeat labs one day after start of activation and one week after completion of protocol.
- Urgent Diuretic Kit to be kept in the patient's home and clearly marked to only be opened if instructed by the home health nurse. See above for kit medications.
- Weigh patient each day
- Recheck vital signs at 6 and 24 hours after diuretic administration
- **Fluid restriction 1500 ml, 2 gm Na+ diet**
- Telehealth RN - notify provider at initiation and of the outcome of the protocol.
- If K+ less than 3.7 during any part of this protocol, give potassium per chart on reverse

Diuretic Protocol

Cross off any orders that should not be followed

Step A	<ul style="list-style-type: none"> • Double daily oral loop diuretic dose or increase to maximum daily dose if doubled dose exceeds maximum. If already at maximum dose, then skip to Step B. (Max daily doses are: furosemide 320 mg; bumetanide 10 mg; torsemide 200 mg) • If weight the next day is decreased by \geq 2 lbs. continue increased diuretic dose until target weight is reached, then have patient resume usual dose of diuretic. Notify provider of outcome. • If weight the next day is decreased by $<$ 2 lbs. continue increased diuretic dose and continue to Step B
Step B	<ul style="list-style-type: none"> ▪ Add metolazone 2.5 mg (if already on metolazone 2.5 mg daily maintenance dose, give additional 2.5 mg for 5 mg total) <ul style="list-style-type: none"> ○ If already taking 5 mg of metolazone daily then skip to Step C ▪ If weight the next day is decreased by \geq 2 lbs. continue increased diuretic dose plus metolazone from step B until target weight reached. When target weight reached have patient resume usual dose of diuretic. Notify provider of outcome. ▪ If weight the next day is decreased by $<$ 2 lbs. discontinue all oral diuretics and continue to Step C.
Step C	<ul style="list-style-type: none"> ▪ Administer IV loop diuretic: <ul style="list-style-type: none"> ▪ Furosemide 120 mg, administer at 40 mg/min ▪ Bumetanide 4 mg, administer at 0.5-1 mg/min ▪ If usual oral dose is BID, administer IV dose BID
Step D	<ul style="list-style-type: none"> ▪ If weight decreased by \geq 2 lbs. but not yet at target, continue IV medication per step C until target weight is reached. When target weight is reached have patient resume usual dose of diuretic. Notify provider of outcome. ▪ If target weight not reached after 3 days IV diuretics, notify provider to consider admission. ▪ If after 24 hours with IV medication weight not decreased by \geq 2 lbs. call provider for orders.

4 **Provider** _____ **Print** _____
Signature: _____ **Provider Name:** _____ **Date:** _____

For questions contact Richard Veilleux, Program Manager, 662-6616, VeillR@MaineHealth.org or Ann Cannon, Clinical Specialist, CannoA@MMC.org (See Potassium Replacement Chart on Reverse)

Heart Failure Standing Orders for Home Health (continued)**Potassium Replacement by Level of Kidney Function**

(in addition to baseline K daily dose)

	Scr > 2 mg/dl	Scr ≤ 2 mg/dl
K ≤ 3.0 – notify provider	40 mEq bid	40 mEq tid
K- 3.1-3.3	20 mEq bid	20 mEq tid
K 3.4-3.7	10 mEq bid	10 mEq tid