

MaineHealth

MaineHealth Heart Failure Standing Orders for Skilled Nursing Facilities

Patient Name: _____ Date of Birth: _____

Allergies: _____

Type of heart failure (circle choice): Systolic Diastolic Acute Chronic Unknown

Target/dry weight: _____ (contact PCP if necessary to obtain previous weights)

Instructions to Provider: Please cross out any orders you do not wish to be followed.

Basic Orders:

- Draw baseline magnesium and BMP next available lab day and weekly
- Weigh every morning using the same scale at same time with the same amount of clothes.
- Notify provider before morning dose of diuretics given if:
 - Chronic HF: gains ≥ 4 pounds from target/dry weight
 - Chronic HF: loses ≥ 4 pounds from target/dry weight
 - Acute HF (over target/dry weight at admission): call provider with any weight gain
- If patient loses ≥ 4 pounds from target weight, obtain BMP and Mg level on next lab day and consider holding diuretics until patient returns back to target weight (hold supplemental potassium if diuretics held).
- Notify provider of weight change at time of next daily weight after any change in diuretic (bumetanide, torsemide, furosemide, metolazone)
- Daily comprehensive cardiopulmonary assessment
- Diet (circle choice): **2gm sodium diet** No salt added Other: _____
- Fluid restriction (circle choice): no fluid restriction 2000 cc restriction 1500 cc restriction
Other: _____
- Measure daily intake if on fluid restriction
- HF Education for patient and family
- Have patient/family bring scale from home (work with nursing/OT/PT with goal for patient to record own weight daily using home scale)
- If diuretic increased, BMP, Mg⁺² ordered for next lab draw
- If K⁺ is less than 3.5, give 40meq of potassium and notify provider
- If Mg⁺² is less than 1.7: notify provider, start Magnesium Oxide 400 mg daily x 7days, repeat Mg⁺² level in one week (Note may need to adjust replacement for CKD Stage IV)
- If acute HF, please notify provider when patient achieves dry weight to change weight parameters

Provider Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

Questions or Concerns: Please contact Richard Veilleux, MaineHealth Heart Failure Program Manager, at veillr@mainehealth.org; (207) 662-6616 or Dr. Richard Marino, Maine Medical Partners Geriatrics at marinr@mmc.org.