

Heart Failure Standing Orders for Home Health

FAX TO: MaineHealth Care at Home: 207-775-5521

MaineHealth

Patient Name: _____ Date of Birth: _____

Target Weight _____ (date) _____ Baseline Loop Diuretic & Dose _____

Allergies: _____

Provider: Complete Sections 1-4

1	<ul style="list-style-type: none"> CALL PROVIDER if: ACTIVATE PROTOCOL if: HOLD PROTOCOL and notify provider if: 	Weight \geq 4 lbs <u>below</u> target weight Weight \geq 4 lbs <u>above</u> target weight BUN/Creatinine \geq _____ / _____ Baseline: _____ / _____, (date)
2	PLEASE ORDER from patient's pharmacy: <ul style="list-style-type: none"> Metolazone 2.5 mg PO dispense #8, 2 refills Potassium 20 meq PO dispense #8, 2 refills 	3
	PLEASE CHECK all that apply - Please Note <u>IV dosing</u> as listed below in Step C Home Health agency will arrange delivery of IV medications for Urgent Diuretic Kit <ul style="list-style-type: none"> <input type="checkbox"/> IV furosemide 720 mg. Administer as directed (<i>see below, Step C</i>); 2 refills <input type="checkbox"/> IV bumetanide 30 mg. Administer as directed (<i>see below, Step C</i>); 2 refills <input type="checkbox"/> Normal Saline for IV flush dispense 8; 2 refills <i>-This order set is valid for up to 1 year unless otherwise specified</i>	

Orders

- Install Telehealth monitor
- Draw baseline BMP and Mg²⁺ if not available within last 7 days. Draw follow up labs every other day during activation.
- Repeat labs (BMP, Mg²⁺) 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 (morning, post-void)
- Support/reinforce **1500ml fluid restriction, 2 gm Na+ diet**, or other, as indicated/appropriate
- Recheck vital signs at 6 and 24 hours after diuretic administration
- Telehealth RN - notify provider at 1) initiation of the protocol 2) outcome of protocol (including if IV diuretics failed).** Contact the following (e.g., Epic pool group or phone #) _____.
- If K+ less than 3.7 during any part of this protocol, give potassium per chart on reverse

Diuretic Protocol

Draw a line through 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 480 mg; bumetanide 18 mg; torsemide 400 mg) If weight the next day is decreased by \geq 2 lbs. continue increased diuretic dose until inside of target weight, then have patient resume usual dose of diuretic. 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 <input type="checkbox"/> OR 5 mg <input type="checkbox"/> OR other dosage _____ <input type="checkbox"/> (2.5 mg is standard protocol dose) <ul style="list-style-type: none"> If already taking max dosage 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. Once inside of target weight, have patient resume usual dose of diuretic. If weight the next day is decreased by $<$ 2 lbs, with _____ mg dose, increase metolazone dose to _____ mg daily (Max 10 mg/day) If weight the next day continues to be 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: -Furosemide 120 mg, administer at 40 mg/min, - OR - -Bumetanide 5 mg, administer at 0.5-1 mg/min If usual oral dose is QD, administer IV dose QD. If usual oral dose is BID or TID, administer IV dose BID. If weight the next day is decreased by \geq 2 lbs, continue IV diuretic dose until inside target weight, then have patient resume usual oral dose of diuretic. If weight the next day is decreased by $<$ 2 lbs, administer _____ mg daily of metolazone PO with IV diuretic and continue until inside target weight, then have patient resume usual oral dose of diuretic.
Step D	<ul style="list-style-type: none"> If weight not decreased by $<$ 2 lbs after 2 days of IV diuretics, notify provider to consider admission. If target weight not reached after 3 days of IV diuretics, notify provider to consider admission.

Definition: Inside of target weight = within four pounds of stated target weight



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

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

For questions about the protocol itself contact: (administrative questions) Richard Veilleux, Program Manager, 207-553-0470, Richard.Veilleux@MaineHealth.org or (clinical questions) Ann Cannon, Clinical Specialist, Ann.Cannon@MaineHealth.org, MHCAH Telehealth, 207-391-6430, telehealth@mhcah.org

Revision Approved by CHAT Team 7-19-22