

MaineHealth Heart Failure Standing Orders for Skilled Nursing Facilities

Patient Name:	Date of Birth:			
Type of heart failure (circle choice): Systoli	ic Diastolic Acute C	Chronic	Unknown
Target weight:	(cont	act PCP if necessary to	obtain p	previous weights)
Instructions to Provide	er: Please cross out any	orders you do not wis	h to be fo	ollowed.
 Weigh every morning Notify provider before ○ ○ If patient loses ≥ 4 pour 	gain nds from target weight	t same time with the sa etics given if: 4 pounds from target w 4 pounds from target w t weight at admission): t, obtain BMP and Mg	veight reight call pro	vider with any weight next lab day and consider
holding diuretics until j if diuretics held).	patient returns back to	target weight (NOTE	: hold su	ipplemental potassium
 Notify provider of weight (burnetanide, torsemide minutes prior to each lead to the control of the	e, furosemide, metolazo	•	•	9
 Daily comprehensive c 	-	ment		
Diet (circle choice):				
2gm sodium diet	No salt added	Other:		
 Fluid restriction (circle 	, and the second			
No fluid restriction	<u> </u>	1500 cc restriction	Other:	:
own weight daily using hor	nt and family ng scale from home (w me scale)		T with g	goal for patient to record
 If diuretic increased, B If K₊ is less than 3.5 or 	_			
 If K+ is less than 3.5, gi If Mg+2 is less than 1.7: 		• •	mo daily	v x 7davs reneat Mo⊥2
level in one week (Note ma				y x radys, repeat wig 12
				ange weight parameters
Provider Signature:		Date:		
Nurse Signature:		Date:		
Nurse Signature:		Date:		
Questions or Concerns: Please	contact Mary-Isabel Aron	nando, Program Manager l	Post-Acute	e Care at

MAromando@mmc.org or Dr. Richard Marino, Maine Medical Partners Geriatrics marinr@mmc.org.