

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

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Weight at Discharge \_\_\_\_\_, (date) Patient weight at Home (Telehealth scale): \_\_\_\_\_, (date)

Allergies: \_\_\_\_\_

**Provider: Complete Sections 1-4**

<b>1</b>	<ul style="list-style-type: none"> <li>• Target Weight: _____ Date: _____</li> <li>• CALL PROVIDER if: A) weight <math>\geq</math> 4 lbs below target weight or B) weight below _____ lbs. <b>Circle A) or B)</b></li> <li>• ACTIVATE PROTOCOL if: A) weight <math>\geq</math> 4 lbs above target weight or B) weight above _____ lbs. <b>Circle A) or B)</b></li> <li>• HOLD PROTOCOL and notify provider if: BUN/Creatinine <math>\geq</math> _____/_____ Baseline: _____/_____, (date)</li> </ul>		
<b>2</b>	<p><b>PLEASE ORDER from patient's pharmacy:</b></p> <ul style="list-style-type: none"> <li>• <b>Metolazone 2.5 mg PO</b> dispense #4, 2 refills</li> <li>• <b>Potassium 20 meq PO</b> dispense #8, 2 refills</li> </ul>	<b>3</b>	<p><b>PLEASE CHECK all that apply - Please Note IV dosing as listed below in Step C</b>                  Home Health agency will arrange delivery of IV medications for Urgent Diuretic Kit</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>IV furosemide 360</b> mg. Administer as directed (see below, Step C); 2 refills</li> <li><input type="checkbox"/> <b>IV bumetanide 15</b> mg. Administer as directed (see below, Step C); 2 refills</li> <li><input type="checkbox"/> <b>Normal Saline for IV flush</b> dispense 8; 2 refills</li> </ul> <p style="text-align: right;"><i>-This order set is valid for up to 1 year unless otherwise specified</i></p>

**Orders**

- Install Telehealth monitor
- Draw baseline BMP and Mg<sup>2+</sup> if not available within last 7 days. Draw follow up labs every other day during activation.
- Repeat labs (BMP, Mg<sup>2+</sup>) 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 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**

**Draw a line through any orders that should not be followed**

<b>Step A</b>	<ul style="list-style-type: none"> <li>• 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)</li> <li>• If weight the next day is decreased by <math>\geq</math> 2 lbs. continue increased diuretic dose until target weight is reached, then have patient resume usual dose of diuretic. Notify provider of outcome.</li> <li>• If weight the next day is decreased by <math>&lt;</math> 2 lbs, continue increased diuretic dose and continue to Step B.</li> </ul>
<b>Step B</b>	<ul style="list-style-type: none"> <li>▪ Add metolazone 2.5 mg (if already on metolazone 2.5 mg daily maintenance dose, give additional 2.5 mg for 5 mg daily total).                         <ul style="list-style-type: none"> <li>○ If already taking <u>5 mg of metolazone daily</u> then skip to Step C.</li> </ul> </li> <li>▪ If weight the next day is decreased by <math>\geq</math> 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.</li> <li>▪ If weight the next day is decreased by <math>&lt;</math> 2 lbs, with 2.5 mg dose, increase metolazone dose to 5 mg daily.</li> <li>▪ If weight the next day continues to be decreased by <math>&lt;</math> 2 lbs, discontinue all oral diuretics and continue to Step C.</li> </ul>
<b>Step C</b>	<ul style="list-style-type: none"> <li>▪ Administer IV loop diuretic: -Furosemide 120 mg, administer at 40 mg/min, - <b>OR</b> -                          -Bumetanide 5 mg, administer at 0.5-1 mg/min</li> <li>▪ If usual oral dose is QD, administer IV dose QD.</li> <li>▪ If usual oral dose is BID or TID, administer IV dose BID.</li> <li>▪ If weight the next day is decreased by <math>\geq</math> 2 lbs, continue IV diuretic dose until target weight is reached, then have patient resume usual oral dose of diuretic.</li> <li>▪ If weight the next day is decreased by <math>&lt;</math> 2 lbs, administer 5 mg daily of metolazone PO with IV diuretic and continue until target weight is reached, then have patient resume usual oral dose of diuretic.</li> </ul>
<b>Step D</b>	<ul style="list-style-type: none"> <li>▪ If weight is <b>not</b> decreased by <math>\geq</math> 2 lbs after 2 days of IV diuretics, notify provider to consider admission.</li> <li>▪ If target weight is <b>not</b> attained after 3 days of IV diuretics, notify provider to consider admission.</li> </ul>

**4** **Provider Signature:** \_\_\_\_\_ **Print Provider Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**(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 - <b>notify provider</b>	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