

NAME:

Hospital No:

NHS No:

DOB: Male [] Female []



CARE PATHWAY FOR IV DIURETIC THERAPY IN AMBULATORY LOUNGE

This pathway is intended for the use for patients where a decision has been made to administer IV diuretics as a Day Patient for the treatment of Acute Heart Failure

This Care Pathway has been developed by a Multi-Disciplinary Team. It is intended as a guide to care and treatment and an aid to documenting patient progress. The Care Pathway is designed to replace the conventional medical and nursing clinical record.

This guidance does not override the individual responsibility of the healthcare professionals to make appropriate decisions according to the circumstances of the individual patient in consultation with the patient. Healthcare professionals must be prepared to justify any deviation from this guidance.

Please ensure that you have recorded your name, position and sample signature including initials for future reference within this pathway.

PRINT NAME	POSITION	SIGNATURE	INITIALS

Presenting complaint:

History of presenting complaint:

Examination:



JVP:

Heart Sounds:

Oedema: None **Orthopnoea** **PND** **NYHA: I II III IV**
 Mild
 Moderate
 Severe

Dry weight:

Co-morbidities: (please tick)

- Hypertension []
- Diabetes []
- Coronary Disease []
- Previous MI []
- Valve Disease []
- AF / Atrial Flutter []
- Asthma / COPDV []

Medication:

Drug:	Dose:	Frequency:	Drug:	Dose:	Frequency:

Daily Review:

Date:

Chest Exam:

Oedema:

JVP:

Date:

Chest Exam:

Oedema:

JVP:

Date:

Chest Exam:

Oedema:

JVP:

Date:

Chest Exam:

Oedema:

JVP:

Date:

Chest Exam:

Oedema:

JVP:

Date:

Chest Exam:

Oedema:

JVP:

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NO:	Desig:	INTERVENTION	Signature
		If intervention is not carried out for any reason, please tick NO and document intervention NO: reason and action taken in multi-disciplinary progress notes	(Time & Date)
2	RN	<ul style="list-style-type: none">• Orientation patient to treatment area• Next of Kin Name:• Next of Kin Telephone Number:	
3	RN DR	<ul style="list-style-type: none">• Echocardiography:• Has a recent CXR been taken? Yes [] No []• ECG taken? Yes [] No []	
4	RN DR	<ul style="list-style-type: none">• Any other important clinical detail?• Falls risk? Yes [] No []• DNACPR order in place? Yes [] No []	
5	RN DR	<ul style="list-style-type: none">• Information leaflet given? Yes [] No []• Apply wrist band: Yes [] No [] Use red band if any allergies, advise patient to keep wristband on until discharged• Insert cannula and record on separate PVD form	

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NO:	Desig:	INTERVENTION					
		If intervention is not carried out for any reason, please tick NO and document intervention NO: reason and action taken in multi-disciplinary progress notes					
6	RN	BLOODS					
		Date:	Pre-treatment	On discharge			
		NA					
		K+					
		Urea					
		Creatinine					
		eGFR					
		Hb					
		WCC					
		NT-Pro BNP					
		Ferritin <small>(if not done in last 12 months)</small>					
		Albumin					
		LFT'S <small>(on admission, if deranged then do Chloride)</small>					
		Chloride					
		Signature					

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6	RN	BLOODS					
		Date:					
		NA					
		K+					
		Urea					
		Creatinine					
		Hb					
		WCC					
		Others					
		Signature					
		Date:					
		NA					
		K+					
		Urea					
		Creatinine					
		Hb					
		WCC					
		Others					
		Signature					

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7	RN	TREATMENT PHASE											
		Date:											
			Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	
		Week 1	BP										
			P										
			SpO2										
			RR										
			Temp										
		Date:											
			Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	
		Week 2	BP										
			P										
			SpO2										
			RR										
			Temp										
		Date:											
			Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	
		Week 3	BP										
P													
SpO2													
RR													
Temp													

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		If intervention is not carried out for any reason, please tick NO and document intervention NO: reason and action taken in multi-disciplinary progress notes							
7	DR	Prescription of Treatment							
	RN	Date	DRUG (any additives)	DOSE	Route	Time Given	Prescribed By	Given By	Checked By

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NO:	Desig:	INTERVENTION				
		If intervention is not carried out for any reason, please tick NO and document intervention NO: reason and action taken in multi-disciplinary progress notes				
9	RN	Patient Education & Counselling Measures				
	HFSN DR	Intervention	Yes	No	Comments	Signature
		Diet: Low salt, Fluid Restriction				
		Exercise				
		Weight Monitoring (<2 kgs in 2 days)				
		Detection of worsening symptoms:				
		Dyspnoea				
		Orthopnoea				
		PND				
		Oedema				
		Ascites				
		Fatigue				
		Dizzy / Lightheaded				
		Palpitation				
		Chest Pain				
		Blood Pressure Control				
Support / Who to Contact						

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Multi-Disciplinary Progress Notes

Please use this sheet to document any additional communications required to ensure appropriate care for the patient

NO:		Sign / Desig Date & Time

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