

This order sheet can be followed by all nurses working in the Heart failure clinic and applies to all patients with heart failure

I Laboratories

- Na, K, CL, Bun and et creatinine:
 - At each patient visit to clinic
- CBC:
 - At second visit to clinic
 - If infection suspected : increase in sputum or yellow-green sputum, fever or chills.
- Lipid profile:
 - at the second visit
 - each year
 - 3 months after addition or modification of lipid-lowering agent dose
- TSH:
 - each year
 - if increase in symptoms of fatigue or palpitations
 - 1 blood test maximum every 3 months
- Digoxin level:
 - If nausea, lack of appetite or discomfort that are difficult to define
 - if increase in creatinine by 20% and digoxin intake
- NT-proBNP:
 - at first visit to clinic
 - at visit following the end of ACEI/Betablocker optimization protocol
 - for deterioration, when clinical suspicion persists
- CRP:
 - at the 2nd visit to clinic
 - every year
 - at visit following end of ACEI/Betablockers optimization protocol
- HbA1C:
 - every year in the diabetic patient
- Uric acid:
 - at second visit to clinic
 - every year
 - at the visit following the end of ACEI/Betablocker optimization protocol
 - six (6) weeks after starting allopurinol in diabetic patients
- Microalbuminuria
(24 heures)
 - at 2nd visit to clinic
 - at visit following end of ACEI/Betablocker optimization protocols

II Exams

- ECG:
 - at 2nd visit to clinic
 - at visit that follows addition or modification of betablocker
 - if increase in symptoms of palpitations or fatigue

- CXR:
 - if increase in dyspnea or clinical uncertainty about the signs and symptoms of pneumonia or heart failure

If the patient is treated with ACEI, ARB or betablockers, apply optimization protocols of ACEI, ARB or betablockers starting from first medical visit (*protocols below*)