Pathway for CHF Residents on Inotropic Continuous Infusion Using EID

STEP ONE

Is the pump infusion continuously?



INTERVENTION

- If yellow light on EID is flashing change battery
- Consider changing cartridge and tubing
- Call Pharmacy IV Department
- Notify LIP/Physician/Director of nursing/Supervisor



STEP TWO

Perform clinical assessment as follow:

Has the patient reported chest pain, arrhythmia, headaches, increased or onset of SOB/nausea, vomiting, anxiety, change in breathing sounds, or any adverse reaction to the medication?



RESUME STANDARDS PROCEDURES

If clinical assessment is stable, follow current plan of care and ensure the following process is being followed:

- Two nurses must sign off on EID flowsheet every shift and when new LIP/Physician order is obtained to change infusion rate.
- Do not flush patient catheter
- Monitor IV site every 2 hours per facility protocol
- MEDICATION DOSAGE NOT TO BE CHANGED IN FACILITY! If dosage change is required, patient will be transfer to acute care setting.
- Obtain vital signs every 4 hours per facility protocol
- Required weekly blood work : CBC, BNP
- Obtain daily weight and report significant changes per facility protocol



INTERVENTIONS

- Notify LIP/Physician
- If adverse reaction is suspected, stop medication, update LIP/Physician, aspirate residual drug from catheter and ensure affected extremity is elevated.
- Prepare for possible transfer to acute care setting.