

TARGET:HFSM

Discharge Criteria for Patients Hospitalized with Heart Failure

Recommended for all adult patients with heart failure:

- Precipitating and exacerbating factors addressed
- Transition from intravenous to oral diuretic successfully
- Near optimal/ optimal volume status achieved
- Near optimal/ optimal pharmacologic therapy for heart failure
- Stable renal function and electrolytes within normal range/ near normal range based on patient's baseline
- No symptomatic supine or standing hypotension or dizziness
- Patient and family education completed
- Details regarding medications and medication reconciliation
- Need for medication adherence understood by patient/family
- Dietary sodium restriction and understands rationale for adherence
- Need for daily activity and exercise, and understands rationale for both
- Need for monitoring of daily weights and when to contact provider
- Plan to reassess volume status early after discharge is documented (when/where)
- Plan to monitor electrolytes and renal function early after discharge is documented (what/when)
- Plan to titrate heart failure medications to target dose, if needed, is documented (what/when)
- Plan to reinforce patient and family education post-discharge is documented (when/where/themes)
- Follow-up clinic visit scheduled within 7 days of hospital discharge is documented (where/when/with whom)
- Follow-up phone call scheduled in addition to clinic visit is documented (when)
- Referral to outpatient cardiac rehab program

- Oral medication regimen, stable for at least 24 hours
- No intravenous vasodilator or inotropic agent for at least 24 hours
- Ambulation before discharge to assess functional capacity
- Careful observation before and after discharge for worsening, or development of, renal dysfunction, electrolyte abnormalities and symptomatic hypotension
- Plans for more intensive post-discharge management (scale present in home, visiting nurse, or telephone follow-up no longer than 3 days after discharge)
- Referral for formal heart failure disease management

This is a general algorithm to assist in the management of patients. This clinical tool is not intended to replace individual medical judgement or individual patient needs.



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HEART FAILURE DISCHARGE CHECKLIST

Please complete all boxes for each HF indicator:

Admit Date: _____ Admit Unit: _____ Discharge Date: _____ Discharge Unit: _____

Attending Physician: _____ HF Etiology: _____

Follow-up appointment (date/time/location): _____

Complete All Boxes for Each HF Indicator	YES	NO	Reason Not Done/Contraindications
Angiotensin-converting enzyme inhibitor (if LVSD)			<input type="checkbox"/> NA <input type="checkbox"/> CI
Angiotensin receptor blocker (if LVSD and ACEI not tolerated)			<input type="checkbox"/> NA <input type="checkbox"/> CI
Angiotensin receptor/neprilysin inhibitor (if LVSD, and in place of an ACEI or ARB)			<input type="checkbox"/> NA <input type="checkbox"/> CI
β -Blocker (if LVSD, use only carvedilol, metoprolol succinate, or bisoprolol)			<input type="checkbox"/> NA <input type="checkbox"/> CI
Aldosterone antagonist (if LVSD, Cr \leq 2.5 mg/dl in men, \leq 2.0 mg/dl women, potassium $<$ 5 mg/dl, and patient's potassium and renal function will be closely monitored)			<input type="checkbox"/> NA <input type="checkbox"/> CI
Hydralazine/nitrate (if self-identified African American and LVSD)			<input type="checkbox"/> NA <input type="checkbox"/> CI
Most recent left ventricular ejection fraction (____%) Date of most recent LVEF (____) Method of assessment: <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Cardiac catheterization <input type="checkbox"/> MUGA scan			
Anticoagulation for atrial fibrillation or flutter (permanent or paroxysmal) or other indications			<input type="checkbox"/> NA <input type="checkbox"/> CI
Precipitating factors for HF decompensation identified and addressed			<input type="checkbox"/> NA <input type="checkbox"/> CI
Blood pressure controlled ($<$ 140/90 mm Hg)			<input type="checkbox"/> NA <input type="checkbox"/> CI
Pneumococcal vaccination administered			<input type="checkbox"/> NA <input type="checkbox"/> CI
Influenza vaccination administered (during flu season)			<input type="checkbox"/> NA <input type="checkbox"/> CI
EP consult if sudden death risk or potential candidate for decide therapy			<input type="checkbox"/> NA <input type="checkbox"/> CI

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Counseling

Sodium restricted diet – provide patient with an individualized sodium limitation in “mg” /day			
Fluid restriction (if indicated)			
Monitor weight daily			
What to do if HF symptoms worsen			
Physical activity level and exercise plan			
HF related medications			
Enhanced HF education (at least 60 minutes by trained HF educator)			
Smoking cessation counseling for current or recent smokers (have quit within the last year)			<input type="checkbox"/> NA
ICD/sudden death risk counseling (if indicated)			<input type="checkbox"/> NA
Dietitian/nutritionist interview			
Weight reduction counseling (if indicated)			
Cardiac rehabilitation interview and enrollment (if indicated)			
Need to keep follow-up appointments			
Review of medications (potential side effects, why indicated, need for adherence)			
HF Patient education handout/zones sheet/ booklet			
HF patient discharge contract			
HF interactive workbook, http://www.ksw-gtg.com/aha-heartfailure/			
Referral to heart failure disease management program			

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Follow-up Services Scheduled	Yes	No	Not Applicable	Date Scheduled	Comments
Cardiologist follow-up			<input type="checkbox"/>		
Primary care follow-up			<input type="checkbox"/>		
HF Disease Management Program			<input type="checkbox"/>		Start Date:
Cardiac Rehabilitation			<input type="checkbox"/>		Start Date:
Stress testing			<input type="checkbox"/>		
Echocardiogram follow-up, EF determination			<input type="checkbox"/>		
Electrophysiology referral or follow-up (assess need for ICD or CRT)			<input type="checkbox"/>		
Lipid profile follow-up			<input type="checkbox"/>		
Anticoagulation service follow-up			<input type="checkbox"/>		
Electrolyte profile/serum lab work follow-up			<input type="checkbox"/>		
Clinical summary and patient education record faxed to appropriate physicians			<input type="checkbox"/>		

NA = Not applicable or not indicated,

CI = Contraindication documented either by physician or by RN per verbal discussion with physician.

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