

**HEART FAILURE – CONGESTIVE HEART FAILURE
DISCHARGE INSTRUCTIONS: GUIDELINES TO FOLLOW AT HOME**

SPECIAL INSTRUCTIONS:

- CHF Teaching Packet given and discussed
- Sudden Cardiac Arrest (SCA) DVD viewed
- Labs: ProBNP _____ Potassium _____
- Ejection Fraction (EF) _____ % Date: _____
- CHF Discharge video viewed
- SCA Teaching Packet given and discussed
- BUN _____ Creatinine _____

MEDICATIONS:

- You have received instructions on the medications your physician has prescribed at discharge. A list of these medications has been provided to you.
- Keep a list of all current medications and the dates when you received the Flu and Pneumococcal (Pneumonia) Vaccines.
- Flu Vaccination Date: _____
- Pneumococcal (Pneumonia) Vaccination Date: _____

ACTIVITY:

- You can do normal everyday activities as your body allows.
- Take rest breaks if you feel tired. Do not over exert.
- Stop activity if you have pain, shortness of breath or feel dizzy.
- Limitations: _____

SMOKING – TOBACCO USE:

- If you smoke, you are strongly encouraged to stop. If you have recently quit smoking, congratulations! For further information to stop smoking or to remain smoke-free, call MGH Respiratory Therapy at 740.383.8711 or the Ohio Tobacco Quit Line at 800-QUIT-NOW (800.784.8669).

DIET:

- Follow a low sodium (salt) diet. Your doctor recommends: _____
- Your doctor may also recommend a fluid limit to about _____ cups/day.
- Choose foods and drinks with low or no salt. Remove salt shaker from the table.
- Free Heart Healthy Eating Class – Call 740.383.8484 to schedule.

WEIGHT MONITORING:

- Weigh yourself every day at the same time and write it down.
- Call your doctor if you gain 3-5 pounds over 2-3 days
- Take your weight log to doctor visits.
- Weight today _____

- EQUIPMENT/SUPPLIES:** Not Applicable Home Oxygen _____ liters/min _____ company
 Hand Held Nebulizer (HHN) Scale

- TREATMENTS:** Not Applicable

REPORT TO YOUR DOCTOR OR SEEK MEDICAL ASSISTANCE:

- Shortness of breath or have more difficulty breathing
- Swelling of your feet, ankles, hands or abdomen
- Feeling tired with normal activity or experiencing dizziness or fainting
- Trouble sleeping or waking up feeling short of breath or coughing
- Chest pain or pressure
- Weight gain of 3-5 pounds over 2-3 days
- Inability to take medications or follow treatment plan

HEART ATTACK WARNING SIGNS

- Chest discomfort
- Discomfort or pain in one or both arms, back, neck, jaw or stomach
- Shortness of breath
- Breaking out in cold sweat, nausea, or light-headedness

If you are having heart attack warning signs: **Call 9-1-1**

Don't wait more than a few minutes – 5 minutes at most – to call 9-1-1.

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FOLLOW-UP APPOINTMENTS/OUTPATIENT SERVICES:

- Unless an appointment has already been made, contact your Primary Care Physician's office to schedule a follow-up appointment.

Doctor	Date/Time	Test/Procedure	Date/Time	Other	Date/Time
		Follow-Up Echocardiogram			

REFERRAL TO SOCIAL WORK AGENCY?

Yes No If yes, which agency? _____

This form is not all inclusive. Your physician may give you additional instructions. Should you have any questions, please contact your physician. Please bring this discharge instruction form and the discharge medication list to your next physician appointment. I have read and understand my plan of discharge.

SIGNATURE OF PATIENT OR SIGNIFICANT OTHER DATE

PHYSICIAN SIGNATURE (OPTIONAL) DATE

NURSE SIGNATURE DATE

PATIENT LABEL



- WHITE: CHART • YELLOW PATIENT •
- PINK: PHYSICIAN •

CHF DISCHARGE INSTRUCTIONS

FORM # 536 CHF
FORMULATED: 10/01/04
REVIEWED: 5/06,8/06
REVISED: 8/06,3/08,10/08