

ValleyCare Health System  
Multidisciplinary CHF Clinical Pathway/Care Plan

Addressograph

	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
<b>Day:</b>	<b>Day 1 / Admission</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4 and Discharge</b>
<b>Outcomes/ Goals</b>	<input type="checkbox"/> CHF Admit Orders provided to Physician <input type="checkbox"/> Reconciled home medication list  <input type="checkbox"/> <b>CHF Education Folder Provided</b> (Core Measure) <input type="checkbox"/> <b>Smoking Cessation Education Provided (with history)</b> (Core Measure)  <b>Has LV Function been assessed?</b> <input type="checkbox"/> Yes – EF% _____ <input type="checkbox"/> No – Ask MD for Echo order	<input type="checkbox"/> Weight/Edema down <input type="checkbox"/> Respiratory status improved  <input type="checkbox"/> <b>CHF Education Folder Provided</b> (if not already done) <input type="checkbox"/> <b>Smoking Cessation Education Provided</b> (if not already done)  <input type="checkbox"/> <b>LV Function assessed</b> <b>If LV Function is <u>not</u> assessed, reason is documented</b> (Core Measure)	<input type="checkbox"/> Weight/Edema down <input type="checkbox"/> Respiratory status improved <input type="checkbox"/> Tolerating increased activity <input type="checkbox"/> Discharge plan in place  <input type="checkbox"/> <b>Smoking Cessation Education Provided</b> (if not already done)  <input type="checkbox"/> <b>LV Function assessed</b> <b>If LV Function is <u>not</u> assessed, reason is documented</b> (if not already done)	<input type="checkbox"/> <b>LV Function assessed</b> <b>If LV Function is <u>not</u> assessed, reason is documented</b> (if not already done)  <input type="checkbox"/> <b>ACE Inhibitor/ARB for LVSD</b> <b>If ACE and/or ARB are not prescribed, reason is documented</b>  <input type="checkbox"/> <b>Smoking Cessation Education Provided</b> (if not already done)  Discharge instruction must include: <input type="checkbox"/> HF education folder <input type="checkbox"/> MD follow-up instructions <input type="checkbox"/> Medication education
<b>Diagnostic/ Assessment</b>	<input type="checkbox"/> <b>Weight documented in kg</b> <input type="checkbox"/> <b>Height documented in cm</b>  <u><b>LABS:</b></u> <input type="checkbox"/> <b>BNP</b> <input type="checkbox"/> <b>BMP</b> <input type="checkbox"/> <b>Cardiac Profile</b>  <u><b>DIAGNOSTIC TESTING:</b></u> <input type="checkbox"/> <b>CXR</b> <input type="checkbox"/> <b>EKG</b>	<input type="checkbox"/> <b>Daily weight documented in kg</b>  <u><b>LABS:</b></u> <input type="checkbox"/> <b>BNP</b> <input type="checkbox"/> <b>BMP</b>  <u><b>DIAGNOSTIC TESTING:</b></u> <input type="checkbox"/> Echo done – Ejection Fraction _____% <input type="checkbox"/> EF not assessed, reason is documented	<input type="checkbox"/> <b>Daily weight documented in kg</b>  <u><b>LABS:</b></u> <input type="checkbox"/> <b>BNP</b> <input type="checkbox"/> <b>BMP</b>  <u><b>DIAGNOSTIC TESTING:</b></u> IF NOT ALREADY DOCUMENTED: <input type="checkbox"/> Echo done – Ejection Fraction _____% <input type="checkbox"/> EF not assessed, reason is documented	<input type="checkbox"/> <b>Daily weight documented in kg</b>  <u><b>LABS:</b></u> <input type="checkbox"/> <b>BNP</b> <input type="checkbox"/> <b>BMP</b>  <u><b>DIAGNOSTIC TESTING:</b></u> IF NOT ALREADY DOCUMENTED: <input type="checkbox"/> Echo done – Ejection Fraction _____% <input type="checkbox"/> EF not assessed, reason is documented

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<b>Activity</b>	<b>As per MD order:</b> <input type="checkbox"/> Bedrest <input type="checkbox"/> Bedrest with BSC privileges <input type="checkbox"/> OOB in chair for meals <input type="checkbox"/> Ambulate 3x/day	<b>Increase activity as tolerated:</b> <input type="checkbox"/> Bedrest with BSC privileges <input type="checkbox"/> OOB in chair for meals <input type="checkbox"/> Ambulate 3x/day <input type="checkbox"/> PT evaluation if needed	<b>Increase activity as tolerated:</b> <input type="checkbox"/> Bedrest with BSC privileges <input type="checkbox"/> OOB in chair for meals <input type="checkbox"/> Ambulate 3x/day <input type="checkbox"/> PT if needed	<input type="checkbox"/> Patient tolerating baseline activity level
<b>Nutrition</b>	<input type="checkbox"/> 2 GM Na Diet <input type="checkbox"/> Other _____	<input type="checkbox"/> 2 GM Na Diet <input type="checkbox"/> Other _____ <input type="checkbox"/> Intake ≥ 50% of meals	<input type="checkbox"/> 2 GM Na Diet <input type="checkbox"/> Other _____ <input type="checkbox"/> Intake ≥ 75% of meals	<input type="checkbox"/> 2 GM Na Diet <input type="checkbox"/> Other _____ <input type="checkbox"/> Intake ≥ 75% of meals
<b>Therapeutics and Medications</b>	<input type="checkbox"/> Strict I&O with shift total & 24 hour total documented <input type="checkbox"/> Instructed patient on I&O and need to save urine <input type="checkbox"/> Vital signs every 4 hours <input type="checkbox"/> Telemetry as ordered <input type="checkbox"/> Maintain O2 to keep sats > 92% as indicated  <input type="checkbox"/> IV diuretics  Medications per Core Measures: <b>ACE Inhibitors/ARB</b> (If EF < 40%) <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No:</b> If no, what is the reason? _____ <input type="checkbox"/> If no reason is listed, MD asked to provide  <b>Beta Blockers</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No:</b> If no, what is the reason? _____ <input type="checkbox"/> If no reason is listed, MD asked to provide	<input type="checkbox"/> Strict I&O with shift total, 24 hour total, and running balance documented  <input type="checkbox"/> Vital signs every 4 hours  <input type="checkbox"/> Maintain O2 to keep sats > 92% as indicated  <input type="checkbox"/> IV diuretics  Medications (if not already addressed) <b>ACE Inhibitors/ARB</b> (If EF < 40%) <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No:</b> If no, what is the reason? _____ <input type="checkbox"/> If no reason is listed, MD asked to provide  <b>Beta Blockers</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No:</b> If no, what is the reason? _____ <input type="checkbox"/> If no reason is listed, MD asked to provide	<input type="checkbox"/> Strict I&O with shift total, 24 hour total, and running balance documented  <input type="checkbox"/> Pulse ox check on room air and document on the graphics  <input type="checkbox"/> IV diuretics as ordered; consider changing to PO  Medications (if not already addressed) <b>ACE Inhibitors/ARB</b> (If EF < 40%) <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No:</b> If no, what is the reason? _____ <input type="checkbox"/> If no reason is listed, MD asked to provide  <b>Beta Blockers</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No:</b> If no, what is the reason? _____ <input type="checkbox"/> If no reason is listed, MD asked to provide	<input type="checkbox"/> Strict I&O with shift total, 24 hour total, and running balance documented  <input type="checkbox"/> Discharge Medications to Include: (if not already addressed)  <b>ACE Inhibitors/ARB</b> (If EF < 40%) <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No:</b> If no, what is the reason? _____ <input type="checkbox"/> If no reason is listed, MD asked to provide  <b>Beta Blockers</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No:</b> If no, what is the reason? _____ <input type="checkbox"/> If no reason is listed, MD asked to provide

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<b>Patient Education</b>  Document the patient's understanding of teaching on the Education Record in the Plan of Care	<input type="checkbox"/> <b>Given Heart Failure Folder:</b> With documentation placed in the chart via Krames and page 2 of the discharge instructions (Core Measure)  <input type="checkbox"/> <b>Smoking Cessation Education Provided (with history)</b> (Core Measure)  <b>Provide teaching for:</b> <input type="checkbox"/> Medications <input type="checkbox"/> Activity	Review <b>Teach Back</b> Questions from heart failure folder <input type="checkbox"/> Diuretic name <input type="checkbox"/> Weighs daily <input type="checkbox"/> Low sodium diet <input type="checkbox"/> Signs and symptoms to call MD <input type="checkbox"/> Review HF Zones  <b>Provide teaching for:</b> (if not already done) <input type="checkbox"/> Medications <input type="checkbox"/> Activity <input type="checkbox"/> To anticipate MD follow up appt within 7 days of discharge	Review <b>Teach Back</b> Questions from heart failure folder <input type="checkbox"/> Diuretic name <input type="checkbox"/> Weighs daily <input type="checkbox"/> Low sodium diet <input type="checkbox"/> Signs and symptoms to call MD <input type="checkbox"/> Review HF Zones  <b>Provide teaching for:</b> (if not already done) <input type="checkbox"/> Medications <input type="checkbox"/> Activity <input type="checkbox"/> To anticipate MD follow up appt within 7 days of discharge	<input type="checkbox"/> <b>At discharge, patient goes home with Heart Failure Education Folder</b>  <input type="checkbox"/> Patient is competent in 4 <b>Teach Back</b> questions  <input type="checkbox"/> Instructed on smoking cessation <input type="checkbox"/> Review discharge instructions <input type="checkbox"/> <b>Information regarding MD follow-up appointment provided</b>
<b>Continuity of Care</b>	<input type="checkbox"/> Multidisciplinary Admission Form Completed  Consults Triggered and Notified: <input type="checkbox"/> Social Services x 3353 <input type="checkbox"/> PT/OT (MD order) <input type="checkbox"/> Wound Nurse x 5670 <input type="checkbox"/> Nutrition Services x 7136  Other Consults: <input type="checkbox"/> Cardiac Rehab x 3619 <input type="checkbox"/>	Confirm consults have seen patient  <input type="checkbox"/> Social Services x 3353 <input type="checkbox"/> PT/OT (MD order) <input type="checkbox"/> Wound Nurse x 5670 <input type="checkbox"/> Nutrition Services x 7136  Other Consults: <input type="checkbox"/> Cardiac Rehab <input type="checkbox"/> _____	Confirm consults have seen patient  <input type="checkbox"/> Social Services x 3353 <input type="checkbox"/> PT/OT (MD order) <input type="checkbox"/> Wound Nurse x 5670 <input type="checkbox"/> Nutrition Services x 7136  Discharge Plan: <input type="checkbox"/> Home <input type="checkbox"/> Home Health <input type="checkbox"/> SNF <input type="checkbox"/> Legends <input type="checkbox"/> ECF <input type="checkbox"/> Acute Rehab	Discharge Finalized: <input type="checkbox"/> Home <input type="checkbox"/> Home Health <input type="checkbox"/> SNF <input type="checkbox"/> Legends <input type="checkbox"/> ECF <input type="checkbox"/> Acute Rehab
<b>Progressing on Path</b>	Prior to Midnight, did the patient meet the pathway for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No, why not?  _____ _____ _____	Prior to Midnight, did the patient meet the pathway for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No, why not?  _____ _____ _____	Prior to Midnight, did the patient meet the pathway for the day? <input type="checkbox"/> Yes <input type="checkbox"/> No, why not?  _____ _____ _____	Was the patient discharged on day 4? <input type="checkbox"/> Yes <input type="checkbox"/> No, why not? Start Plan of Care  _____ _____ _____

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<b>Date - Shift</b>	<b>Signature - Position</b>	<b>Date - Shift</b>	<b>Signature - Position</b>	<b>Date - Shift</b>	<b>Signature - Position</b>