

Healthcare Provider: Heart Failure Patient

About Heart Failure



The following teaching points are intended to assist healthcare providers in talking with their patients about heart failure. Use these teach-back questions to steer your discussion.

Teaching Points	Answers
<p>What is heart failure?</p> <p>¹ See Heart Failure animation</p> <p>² See What is Heart Failure? pdf</p>	<ul style="list-style-type: none"> • When you have heart failure, your heart doesn't pump as well as it should. • As a result, some parts of your body may not get enough blood and oxygen. • These problems may lead to the symptoms you feel. • Heart failure is a chronic problem, meaning that it has no cure. But it can be managed so you feel better.
<p>What are the symptoms?</p>	<ul style="list-style-type: none"> • Heart failure most often causes shortness of breath, tiredness, and swelling in certain parts of your body. • These symptoms can occur during activity or rest, even at night while you sleep.
<p>What is ejection fraction?</p> <p>³ See Ejection Fraction infographic</p>	<ul style="list-style-type: none"> • Ejection fraction (EF) is a measure of the blood that the heart pumps out. It is the percentage of blood that the left ventricle moves with each beat. • A normal EF is between 50%-70%.
<p>If heart failure can't be cured, why bother trying to treat it?</p>	<ul style="list-style-type: none"> • As heart failure gets worse, your symptoms will likely get worse. This may make activities of daily living (such as dressing and bathing) much harder. • It may also make you too tired to do things that you enjoy, like spending time with friends and family. • Treatment can help you feel better and help keep your condition from getting worse.

More Resources

The American Heart Association offers more to help your patients understand their diagnosis and treatment plan. Visit riseabovehf.org to access these resources.

¹ [Heart Failure \(animation\)](#)

² [What is Heart Failure?](#)

³ [Ejection Fraction infographic](#)

[My Heart Failure Guide](#)

[Rise Above Heart Failure materials](#)

[Ejection fraction explained \(video\)](#)

Healthcare Provider: Heart Failure Patient Discharge Checklist



The following checklist is intended to assist healthcare providers in reducing the risk of readmission for patients with heart failure transitioning to home care. Use this checklist to ensure that your patient/caregiver understands the discharge instructions and has the ability to perform self-care.

Questions	Answers
Medication Management	<input type="checkbox"/> Was a prescription given? <input type="checkbox"/> Was the prescription filled? <input type="checkbox"/> Was the medication listed on insurance formulary? <input type="checkbox"/> Were medications listed for the patient? <input type="checkbox"/> Did the patient have an adverse reaction to the medications? <input type="checkbox"/> Is the medication list incomplete (i.e., patient did not inform caregivers of all the medications being taken at home)? <input type="checkbox"/> Did the patient choose to adhere to medications?
Self-Management	<input type="checkbox"/> Does the patient have access to transportation? <input type="checkbox"/> Does the patient have financial barriers? <input type="checkbox"/> Does the patient have language barriers? <input type="checkbox"/> Is the patient able to perform care? <input type="checkbox"/> Is the patient suffering from self-neglect or self-abuse? Did the patient adhere to: <ul style="list-style-type: none"> <input type="checkbox"/> Medication regimen? <input type="checkbox"/> Low-sodium diet? <input type="checkbox"/> Weight management? <input type="checkbox"/> Exercise/activity plan or recommendation to participate in cardiac rehab? <input type="checkbox"/> Monitoring new or worsening signs or symptoms of HF?
Lack of Communication (pending diagnostic results not communicated with PCP)	<input type="checkbox"/> Was transition/discharge summary sent to PCP? <input type="checkbox"/> Did a PCP note at the time of transition that a provider had been found prior to discharge?
Referral/Outpatient Needs Process	<input type="checkbox"/> Was a referral noted? <input type="checkbox"/> Was there a referral follow-up? Name: _____ <input type="checkbox"/> Was there a referral to an agency that was unable to meet individual needs? Name: _____ <input type="checkbox"/> Was there an unaddressed comorbidity? <input type="checkbox"/> Was mobility/home safety assessed?

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Checklist



Admission and Duration:

The following guidelines are intended to assist healthcare providers in talking with their patients about heart failure. Use these checklists to steer your discussion.

1	<input type="checkbox"/> Heart failure overview a. Signs and symptoms b. Ejection fraction video c. Smoking cessation
2	<input type="checkbox"/> Call the doctor: What to do if symptoms worsen a. Weight gain of more than 2-3 lbs. in one day b. Increase in shortness of breath c. Increase in leg swelling
3	<input type="checkbox"/> Review all medications related to heart failure and cover potential for adverse reactions
4	<input type="checkbox"/> Give overview of diet and fluid restrictions
5	<input type="checkbox"/> Review activity and exercise level
6	<input type="checkbox"/> Refer to discharge instruction sheet for scheduled follow-up appointment with doctor

Patient signature:	Date:	Time:
Guardian signature and relationship:	Date:	Time:
RN signature/instructed by:	Date:	Time:

Note: Signature confirms that patient and/or guardian have received and understand the information provided in the teaching checklist above.

Healthcare Provider: Heart Failure Patient

Lifestyle Changes



The following teaching points are intended to assist healthcare providers in talking with their patients about the importance of making lifestyle changes to manage heart failure. Use these teaching points to guide your discussion.

Quitting Smoking and Using Other Tobacco Products

Teaching points:

- Quitting smoking is one of the most important changes for health and heart failure management.
- Each puff of a cigarette increases heart rate and blood pressure and robs the body of needed oxygen.
- No form of tobacco is safe. This includes e-cigarettes, cigars, chew, snuff, bidis, and clove cigarettes.
- Quitting takes patience and persistence.
- Making a quit-smoking plan will increase the likelihood of success.
- Using a quit-smoking product makes it much more likely to quit for good.

[AHA Resources for Quitting Smoking](#)

Restricting Sodium and Alcohol Intake

Teaching points:

- Patients with heart failure typically need to restrict sodium intake. Sodium increases fluid retention, which increases blood pressure and puts a greater strain on the heart. It also increases fluid buildup, leading to swelling in the legs and feet and shortness of breath.
- The AHA recommends no more than 1,500 mg of sodium daily for patients with mild heart failure. Patients with more severe heart failure may need to restrict it even further.
- One teaspoon of salt contains 2,300 mg of sodium and sodium is hidden in many foods (especially prepared and fast foods). Reaching sodium goals often requires patients to make significant changes in their eating habits.
- Patients with heart failure should have a conversation with their healthcare provider about whether they can drink alcohol. Patients might be instructed to abstain from alcohol completely, especially if alcohol intake contributed to their heart failure (alcohol-induced cardiomyopathy).

[AHA Sodium Reduction Initiative](#)

Staying Active

Teaching points:

- Having heart failure does not mean restricting activity. In fact, exercise is essential to help strengthen the heart. It helps increase energy levels and make the whole body healthier. Studies show that moderate exercise helps decrease the risk for needing hospitalization for worsening heart failure.
- Structured cardiac rehabilitation programs have been proven to improve patient outcomes. Medicare has covered cardiac rehabilitation for patients with chronic heart failure since 2014, but the treatment is currently underutilized. Patients should be enrolled in cardiac rehab programs and encouraged to attend.
- Barriers to attending cardiac rehab programs should be assessed. These include child care, finances, transportation, and lack of support

More Resources

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[My Heart Failure Guide](#)

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[Ejection fraction explained \(video\)](#)



Healthcare Provider: Heart Failure Patient

HF Medications



The following list of medications is intended to assist healthcare providers in talking with their patients about the importance of medication adherence to treat heart failure. Use this list to guide your discussion.

Types of heart failure medications	What they do
ACE inhibitors	<ul style="list-style-type: none"> Relax blood vessels. Lower blood pressure and makes it easier for the heart to pump blood.
ARBs	<ul style="list-style-type: none"> Work in much the same way as ACE inhibitors and may be prescribed instead.
ARNIs	<ul style="list-style-type: none"> New class of medication that combines an ARB with a drug that helps the arteries open wider. Help the heart pump blood more efficiently. They also help the body rid itself of salt.
Aldosterone agonists	<ul style="list-style-type: none"> Help the body get rid of salt and fluids. Help reduce the work the heart has to do.
Blood thinners	<ul style="list-style-type: none"> Prevent blood clots from forming and blocking blood flow.
Beta blockers	<ul style="list-style-type: none"> Help slow the heart rate (how fast the heart beats) and help reduce blood pressure.
Calcium channel blockers	<ul style="list-style-type: none"> Help the heart relax more. Help control blood pressure and keep the heart from working so hard.
Digitalis (digoxin)	<ul style="list-style-type: none"> Sometimes used to strengthen the heart's pumping action.
Diuretics	<ul style="list-style-type: none"> Cause the body to rid itself of excess fluids and salt. Help reduce the work the heart has to do. Decrease the buildup of fluid in the lungs and other parts of the body, such as the ankles and legs.
Ivabradine	<ul style="list-style-type: none"> New class of medication that slows the heart rate and reduces blood pressure. It is sometimes prescribed for people for whom beta blockers don't reduce the heart rate enough.
Vasodilators	<ul style="list-style-type: none"> Widen the blood vessels, making it easier for blood to flow. Reduce strain on the heart.

Use this checklist to help your patients understand the importance of taking their medication.

- Take medications exactly as prescribed. Follow directions on the bottle carefully.
- Keep a list of all medications you take (including prescription and over-the-counter drugs, vitamins, supplements, and herbal remedies). Bring this list with you to all medical appointments. Also show it to your pharmacist when purchasing over-the-counter remedies. Some can interfere with your prescription medications.
- Refill your medications with plenty of time before they run out.
- Use a pill box to help you remember to take your medications and take them at the right times.
- Tell your healthcare provider if you have any side effects from the medications.
- Do not stop taking any medications on your own. Talk to your healthcare provider first.
- Ask your healthcare provider or pharmacist if you have any questions about your medications.

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The following instructions are intended to assist healthcare providers to teach and help your patients learn self-management skills for heart failure. Use this guide to steer your discussion.

Skill to Teach	Instructions
Daily weighing	<p>Make sure the patient has a working scale. Instruct the patient to:</p> <ul style="list-style-type: none"> • Weigh at the same time of day every day, ideally in the morning • Weigh after urinating and before eating • Wear no clothing or the same clothing every day • Always use the same scale in the same spot • Write each day's weight down in a log
Symptom tracking	<p>Instruct the patient to:</p> <ul style="list-style-type: none"> • Track symptoms such as fatigue, shortness of breath, and swelling, and keep a daily log (on paper, online, or in a specialized app) • Test blood pressure and heart rate and log these as well • Get to know what feels “normal” for them • Report when symptoms worsen or new symptoms appear
Reporting symptom changes	<p>Instruct the patient to call his or her healthcare provider for the following symptoms:</p> <ul style="list-style-type: none"> • Rapid weight gain (often a gain of more than 2 pounds in one day or more than 5 pounds in one week, though may be individualized) • Shortness of breath while at rest, not related to exercise or exertion • Increased swelling of the lower limbs (legs or ankles) • Swelling of or pain in the abdomen • Trouble sleeping (awakening short of breath, using more pillows, needing to sleep in a chair) • Frequent dry, hacking cough • Loss of appetite • Increased fatigue or feeling tired all the time <p>In addition, the patient should let his or her provider know if he or she feels symptoms of depression (unrelieved sadness, hopelessness, or helplessness).</p>

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