

**TARGET: HEART FAILURE
HEART FAILURE DISCHARGE CHECKLIST**

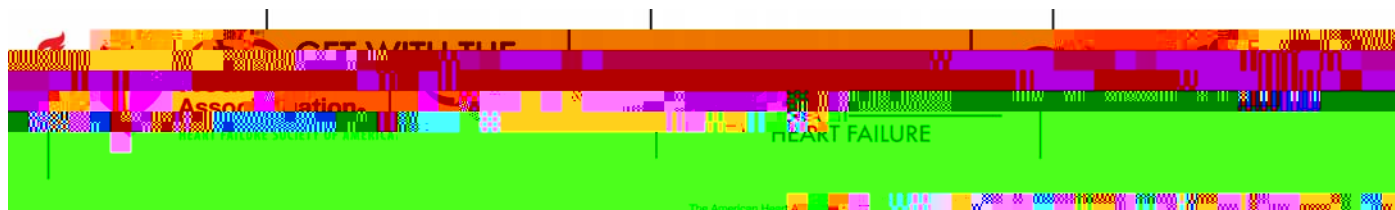
Please complete all boxes for each HF indicator:

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)			NA CI
Angiotensin receptor blocker (if LVSD and ACEI not tolerated)			NA CI
-Blocker (if LVSD, use only carvedilol, metoprolol succinate, or bisoprolol)			NA CI
Aldosterone antagonist (if LVSD, Cr < 2.5 mg/dl in men, < 2.0 mg/dl women, and patient's potassium and renal function will be closely monitored)			NA CI
Hydralazine/nitrate (if self identified African American and LVSD)			NA CI
Most recent left ventricular ejection fraction (_____%) Date of most recent LVEF (_____) Method of assessment: %Echocardiogram %Cardiac catheterization %MUGA scan			
Anticoagulation for atrial fibrillation or flutter (permanent or paroxysmal) or other indications			NA CI
Precipitating factors for HF decompensation identified and addressed			
Blood pressure controlled (<140/90 mm Hg)			
Pneumococcal vaccination administered			CI
Influenza vaccination administered (during flu season)			NA CI
EP consult if sudden death risk or potential candidate for device therapy			NA CI
Counseling			
Sodium restricted diet			
Fluid restriction (if indicated)			
Monitoring of daily weights			
What to do if HF symptoms worsen			
Physical activity level counseling			
Treatment and adherence education			



Smoking cessation counseling for current or recent smokers (have quit within the last year)					' NA
ICD/sudden death risk counseling (if indicated)					' NA
Dietitian/nutritionist interview					
Weight reduction counseling (if indicated)					
Cardiac rehabilitation interview and enrollment (if indicated)					
Physical activity counseling					
Need to keep follow-up appointments					
Review of medications (potential side effects, why indicated, need for adherence)					
HF patient education handout					
HF patient discharge contract					
HF interactive workbook					
Referral to heart failure disease management program					
Follow-up services scheduled	Yes	No	Not Applicable	Date Scheduled	Comments
Cardiologist follow-up			%		
Primary care follow-up			%		
HF Disease Management Program			%		Start Date:
Cardiac rehabilitation			%		Start Date:
Stress testing			%		
Echocardiogram follow-up, EF determination			%		
Electrophysiology referral or follow-up (assess need for ICD or CRT)			%		
Lipid profile follow-up			%		
Anticoagulation service follow-up			%		
Electrolyte profile/serum lab work follow-up			%		
Clinical summary and patient education record faxed to appropriate physicians			%		

NA = Not applicable or not indicated, CI = Contraindication documented either by physician or by RN per verbal discussion with physician.

This is a general algorithm to assist in the management of patients.
This clinical tool is not intended to replace indivi