



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)			<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
β-Blocker (if LVSD, use only carvedilol, metoprolol succinate, or bisoprolol)			<input type="checkbox"/> NA <input type="checkbox"/> 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)			<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			
Blood pressure controlled (<140/90 mm Hg)			
Pneumococcal vaccination administered			<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 device therapy			<input type="checkbox"/> NA <input type="checkbox"/> 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			
Enhanced HF education (at least 60 minutes by trained HF educator)			

Insert Patient Sticker Here



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)					
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			<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.

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

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