

Discharge Criteria for Patients Hospitalized with Heart Failure

Recommended for all adult patients with heart failure:

Precipitating and exacerbating factors addressed

Transition from intravenous to oral diuretic successfully

Near optimal/ optimal volume status achieved

Near optimal/ optimal pharmacologic therapy for heart failure

Stable renal function and electrolytes within normal range/ near normal range based on patient's baseline

No symptomatic supine or standing hypotension or dizziness

Patient and family education completed

Details regarding medications and medication reconciliation

Need for medication adherence understood by patient/family

Dietary sodium restriction and understands rationale for adherence

Need for daily activity and exercise, and understands rationale for both

Need for monitoring of daily weights and when to contact provider

Plan to reassess volume status early after discharge is documented (when/where)

Plan to monitor electrolytes and renal function early after discharge is documented (what/when)

Plan to titrate heart failure medications to target dose, if needed, is documented (what/when)

Plan to reinforce patient and family education post-discharge is documented (when/where/ themes)

Follow-up clinic visit scheduled within 7 days of hospital discharge is documented (where/when/ with whom)

Follow-up phone call scheduled in addition to clinic visit is documented (when)

Referral to outpatient cardiac rehab program

Oral medication regimen, stable for at least 24 hours

No intravenous vasodilator or inotropic agent for at least 24 hours

Ambulation before discharge to assess functional capacity

Careful observation before and after discharge for worsening, or development of, renal dysfunction, electrolyte abnormalities and symptomatic hypotension

Plans for more intensive post-discharge management (scale present in home, visiting nurse, or telephone follow-up no longer than 3 days after discharge)

Referral for formal heart failure disease management

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

TARGET:HFSM

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
Angiotensin receptor/neprilysin inhibitor (if LVSD, and in place of an ACEI or ARB)			<input type="checkbox"/> NA <input type="checkbox"/> CI
“ ^C men, 2.0 mg/dl women, potassium <5 mg/dl, 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			

Patient Sticker Here



