

Sample Heart Failure Patient Discharge Sheet

INSTRUCTIONS: The nurse and patient should complete and sign this form together. One copy is to be given to the patient upon discharge; another copy is to be placed in the patient's medical record.

Discharge Diagnoses: Heart Failure; LVEF - _____
 Other: _____

Discharge Medications: I understand that these medications are important to prevent my heart failure from getting worse and will help me to feel better. I agree to take my medicine as prescribed.

	Medications/Dose	Frequency
ACE Inhibitor		
Angiotensin II Receptor Blocker		
Beta Blocker		
Anticoagulant/Antithrombotic		
Digoxin		
Diuretic		
Aldosterone Antagonist (Aldactone)		
Potassium		
ASA		

I have received instruction on the following:

- " Side effects of my medications
- " What to do if my symptoms worsen
- " Diabetes management, if appropriate " N/A
- " Cholesterol level: Total: _____; LDL: _____; HDL: _____

Diet:

- " Counseled about low sodium diet " N/A
 _____ gm Sodium per day
- " Counseled about fluid restriction " N/A
 _____ liters fluid per day

Special Instructions about my health:

- " Instructed about daily weight monitoring
- " Counseled to quit smoking; I understand that smoking causes damage to my heart and causes other illnesses that may affect the quality and length of my life.
- " Counseled to stop alcohol use
- " Counseled about weight reduction, if appropriate
- " I understand that regular exercise/activity is very important to my health. I understand the following limitations on my activity _____.
 " No activity restriction.
- " I have been advised to have the pneumococcal vaccine.
 Vaccine given in-house on _____; " Declined vaccine
- " I have been advised to have the flu vaccine (in season)
 Vaccine given in-house on _____; " Declined vaccine
- " I have received the Heart Failure Patient Education and Discharge Sheet.

Follow Up:

- " Appointment scheduled for _____ with Dr. _____
- " I will schedule f/u with Dr. _____ within 2 weeks

Patient Signature

Date

RN Signature

Date

Heart Failure Patient Education and Discharge Sheet

Your doctor has found that you have heart failure. This means that your heart muscle is not able to pump enough blood to meet your body's needs. Heart failure can be treated with drugs and some changes in your lifestyle. Please keep this sheet and refer to it often.

Call your doctor if you have any of these symptoms:

- ◀ Shortness of Breath
- ◀ Trouble Sleeping
- ◀ Fatigue or Tiredness
- ◀ Dry, hacking Cough
- ◀ Swelling
- ◀ Weight Gain*
- ◀ Decreased desire for food
- ◀ Dizziness

* Weigh yourself daily, at the same time each day. Record your weight in a notebook. Call your doctor if you gain 3 lbs or more in one day, or 5 lbs or more in one week.

Diet: You should eat a **Low Sodium (salt) diet**. This means you should limit the amount of sodium (or salt) you eat to _____mg per day.

- ◀ Don't add salt to food, either on the table or in cooking.
 - ◀ Limit the amount of canned foods you eat; rinse them when you do eat them.
 - ◀ Read the labels on foods you eat.
 - ◀ Be careful of "low salt" and "no salt" foods. They often use potassium instead of sodium, which can be harmful for someone with heart failure. Check the labels or ask your doctor or nutritionist.
- Limit fluids to: _____ Liters per day
- No limit on fluids

Fluids include things that are liquids at room temperature (juice, water, popsicles, etc.)

Rehab/Exercise: Frequent exercise is important for you to maintain your health. You should be as active as your health allows you to be.

- Return to normal activities
- Follow exercise tips given by physical therapist
- May return to normal activities in _____
- Avoid tiring activities
- Restrictions: _____
- Other: _____

If you smoke:

It is very important for you to quit smoking. Smoking strains your heart. Stopping smoking can be a hard thing to do, but your health is worth the effort!

- < **Set a date** to quit, or begin cutting down the number of cigarettes you smoke per day.
- < **Line up support** - family, friends, or a support group
- < **Avoid situations that make you want to smoke;** ask others not to smoke around you.
- < **Ask your doctor** about medication that can help you quit.

It is very important to take your medications the right way. Some ways to remember to take your medicine are:

Use a **Medicine Calendar** to note when you take a dose

Use a daily **Event** (like brushing your teeth) as a reminder

Divide your medicines in a **pill box**

Take at the **Same time** every day

Follow-up appointment with Dr. _____

Date _____ Time _____ Location _____

I understand the information discussed with me, and I have had the chance to ask questions about my hospital stay and my care at home during my recovery.

Patient/Family Signature

Staff Signature

Date

Date