

MERCY HOSPITAL
800 Mercy Drive
Council Bluffs, Iowa 51503

HF DISCHARGE ORDERS

Reviewed: 6/05 Next Review: 6/07
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1. Discharge to: _____
2. F/U with Dr _____ Date _____ Time _____
F/U with Dr _____ Date _____ Time _____
3. Follow 2000 mg sodium, low cholesterol, low fat diet.
 ADA _____.
4. **Medications**
 - a. ACE inhibitor/alternative:

*Alternatives are ARB/ACE II or hydralazine and long-acting nitrate.
 - b. Beta blocker:

*Consider use of carvedilol (Coreg®) 3.125 mg p.o. b.i.d. for New York Heart Association (NYHA) Class II-IV with upward titration after two weeks
 - c. Digoxin: 0.125 mg 0.25 mg p.o. daily

 - d. Diuretics: _____

 - e. Spironolactone 25 mg p.o. daily.
*Consider use in NYHA Class II-IV.
*Consider increasing to 50 mg p.o. daily after 2 weeks.
 - f. Potassium chloride _____
 - g. Aspirin: 81 mg 325 mg p.o. daily
 - h. Anticoagulation therapy:
 : _____
 - i. Nitrates: _____
 - j. Nicotine replacement: _____

Dictate the following in Discharge Summary:

- Cause of heart failure
- Euvolemic weight
- CHF Peptide (admission and discharge)

CXR confirming congestive changes: Yes No
(Any time during stay)

New York Heart Association (NYHA) Class: _____

Document LVEF% _____ by Heart cath
 Echo

Date: _____
Date: _____

Echo planned for: _____
Etiology of HF _____

ACE Inhibitor Contraindications

- Intolerance/allergy
- Elevated serum potassium
- Serum Creatinine >3
- Renal artery stenosis
- Intractable cough
- Mitral/aortic stenosis
- Symptomatic hypotension (systolic <90 mm Hg)
- Other (specify) _____

ARB Contraindications

- Moderate or severe aortic stenosis
- Intolerance/allergy
- Symptomatic hypotension (systolic <90mm Hg)
- Hypersensitivity to ACEI, Aspirin
- Renal artery stenosis
- Elevated serum potassium
- Other (specify) _____

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k. Other meds: _____

5. **Activity:**

- Activity, as tolerated, avoid weight lifting. Do not overdo it, even though exercising and staying active are important. Keep in mind that you will not be able to do as much as you once did. Plan your activities. Set realistic goals. Take periodic rest breaks.
- _____

6. If you have angina or chest pain, stop and rest immediately. Take your angina medicine as directed.

If your pain does not go away, call 911. **This is a medical emergency.**

7. **Treatments:**

- a. Weigh yourself daily in the early morning, after urination, but before breakfast, and record on weight chart.

Discharge weight: _____ Weight goal: _____

- b. **Fluid Restriction of** 2000 ml 1500 ml 1200 ml **per 24 hours as directed by physician.**
- _____

- Oxygen therapy: _____ liters per nasal cannula.

8. **Notify your physician if you:**

- Increased shortness of breath especially with activity and night.
- Shortness of breath or chest heaviness at rest.
- Noticeable swelling or bloating.
- Increasing fatigue or weakness.
- Palpitations or feeling your heart beat in your chest.
- Sudden weight increase of:
 - 2-3 pounds in one day or more than 5 pounds over 1-4 days.
 - Other _____ pounds.
- Hacking cough.
- Call 911 if you experience chest pain, and do not get relief after three nitroglycerin doses taken 5 minutes apart, or you experience sudden onset of severe shortness of breath.

Dr _____

PCD 72256 v1