

## 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		NO	Reason Not Done/ Contraindications
Angiotensin-converting enzyme inhibitor (if LVSD)			□ NA □ CI
Angiotensin receptor blocker (if LVSD and ACEI not tolerated)			□ NA □ CI
β-Blocker (if LVSD, use only carvedilol, metoprolol succinate, or bisoprolol)			□ NA □ CI
Aldosterone antagonist (if LVSD, $Cr \le 2.5 \text{ mg/dl}$ in men, $\le 2.0 \text{ mg/dl}$ 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 decompenstation 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			
Enhanced HF education (at least 60 minutes by trained HF educator)			

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Insert Patient Sticker Here







