

Heart Failure



Strategies for Inpatient Care

Sample Discharge Checklist for Heart Failure Patients (in-patient use only)

Discharge Date: _____

Completed by: _____

Place pt label sticker here

NA = Not applicable or not indicated, CI = Contraindication documented

Complete all Boxes for Each Indicator	Yes	No	Reason Not Done/ Contraindications
Stable diuretic regimen for last 24 hours			
Off inotropes for >48 hours			
At or within 1-2% of dry weight • DRY WEIGHT is: _____			
≥30% reduction in NT-proBNP compared to admission			
Plan for change in diuretic regimen based on condition, weight loss or gain is documented			
Document use or contraindication: 1. Beta Blocker (metoprolol, carvedilol or Bisoprolol) 2. ACEi/ARB started if appropriate or document why not (LVEF <40) 3. Aldosterone Antagonist (<i>inclusionary criteria</i> : ejection fraction ≤35%; <i>exclusionary criteria</i> : K >5.0 or creatinine >2.5 mg/dL in men or >2.0 in women; medical hx of dialysis; undergo dialysis or ultrafiltration on this admission)			<input type="checkbox"/> NA <input type="checkbox"/> CI <input type="checkbox"/> NA <input type="checkbox"/> CI <input type="checkbox"/> NA <input type="checkbox"/> CI
Ejection Fraction Documented? • EF within past 6 months is: _____ %			
Medication reconciliation completed and discharge medication list provided to patient/family			
Resuscitation status any other pertinent end-of-life issues including assessing appropriateness for hospice and/or palliative care.			
Discharge appointments MADE (PCP, Consultations and HF Clinic)			
Discharge summary completed prior to discharge (e.g., presenting problem, key findings and test results, brief hospital course, final primary and secondary diagnoses, follow-up plans).			
Patient and family education with teach back (e.g., understanding of diet, weight and activity goals; education regarding signs and symptoms of heart failure, and response to such signs/symptoms)			
Notify PCP/SNF of any aberrant issues during hospitalization. (HANDOFF)			

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.