

Heart Failure Communication Checklist FAQ

What should we use to estimate the dry weight?

This is up to each individual provider, but often the most recent clinic visit when the patient was thought to be euvoletic may be a good start. As we know, this may be a moving target for infants and young children who are experiencing expected quick somatic growth, but just do your best to estimate.

What do I use to figure out if they are wet or dry?

Use your clinical exam, radiological findings, vitals (daily weights), or laboratories. Therefore, if a patient is has no edema on exam but has an Xray with pulmonary edema or pleural effusions then they are likely wet. Evidence of renal or hepatic congestion could be used as evidence of being wet. Dry is best thought of absence of any symptoms/signs of congestion. In the end, this is up to your assessment of the patient.

What do I use to figure out if they are cold or warm?

Use your clinical exam, vitals, or laboratories. Some findings could include lactic acidosis, narrowed pulse pressure, poor cap refill or altered mental status. Warm is best thought of as the absence of any symptoms/signs of poor perfusion. In the end, this is up to your assessment of the patient.

What do you want for the daily goal?

This is meant to communicate to the family and the team what your primary goal of the day is. It could include things like “get extubated,” “be more active,” “tolerate meds,” “get ready for going home.” It can be a medical or social goal.

What are data entry expectations?

QI data specifically related to the Communication Checklist will be uploaded daily via an individual QR Code each organization will have access to. The QR code will link to a survey that will prompt specific questions pertaining to Communication Checklist daily usage. It will be important to identify which team member will have primary responsibility for entering QI data.

