

**Heart Failure Discharge Plan *Date Completed****:**\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Patient Initials:*** *\_\_\_\_\_\_\_\_\_\_\_*  
*This plan is used as a QI tool for improving outcomes by better discharge planning with providers, patients, and families.*

***Use the QR code to fill in the plan electronically and download a PDF for sharing.***

1. **General Patient Information**

*Admit Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Discharge Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Admit Weight****:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_kg *Discharge Weight*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_kg *Height:* \_\_\_\_\_\_\_\_\_ cm

*Systemic V EF at* ***admission:*** \_\_\_\_\_ % or *qualitative function if EF not available (circle below):*

Normal Mildly Decreased Moderately Decreased Severely Decreased

*If applicable: Systemic V EF at* ***discharge:*** *\_\_\_\_% or qualitative function if EF not available (circle below):*

Normal Mildly Decreased Moderately Decreased Severely Decreased

*Precipitating factor(s) for HF admission (circle all that apply)****:***

Index Admission Fluid Overload Non-adherence to Medications Non-adherence to Fluid/Diet Recommendations Concurrent Infection Decrease in Ventricular Function No Obvious Inciting Event/Factor for HF Exacerbation

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is this patient going home on a VAD? (circle):* Yes / No

1. **Follow Up Schedule**

*Follow up HF appointment (Date)****:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Follow up echocardiogram (Date)****:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Follow up labs (Date)****:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Follow up PCP Appt. (Date):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Activity Recommendations (circle option below):

Routine Daily Activities Recreational Activities (Non-Competitive) Permitted No Restrictions Not Discussed

Vaccines UTD? Yes / No ; if not, plan for updating? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oral Care UTD? Yes / No ; if not, plan for updating? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SBE Prophylaxis Recommended? Yes / No

Contact information for HF team provided? Yes / No

1. **Heart Failure Medications**

***ACE/ARB/ARNI***

Medication(s), Dose(s), and Frequency **prior to admit**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication(s), Dose(s), and Frequency **at discharge**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal Dose (mg) and Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable), goal dose mg/kg/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason(s) for Not Meeting Goal Dose Prior to Discharge (circle below all that apply):

Not Applicable (Currently at Goal)

Actively Titrating Now

Actively Titrating Other Medication First

Hypotension

Hyperkalemia

Renal Insufficiency

Adverse Patient Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Titration Plan:

***Beta Blocker***

Medication(s), Dose(s), and Frequency **prior to admit**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication(s), Dose(s), and Frequency **at discharge**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal Dose and Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if applicable), goal dose mg/kg/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason(s) for Not Meeting Goal Dose Prior to Discharge (circle below all that apply):

Not Applicable (Currently At Goal)

Actively Titrating Now

Actively Titrating Other Medication First

Titration Plan:

Hypotension

Bradycardia

Adverse Patient Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Aldosterone Antagonist***

Medication(s), Dose(s), and Frequency **prior to admit**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication(s), Dose(s), and Frequency **at discharge**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal Dose and Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if applicable), goal dose mg/kg/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason(s) for Not Meeting Goal Dose Prior to Discharge (circle below all that apply):

Not Applicable (Currently At Goal)

Actively Titrating Now

Actively Titrating Other Medication First

Hypotension

Hyperkalemia

Renal Insufficiency

Adverse Patient Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Titration Plan:

***Diuretics***

Medication(s), Dose(s), and Frequency **prior to admit**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication(s), Dose(s), and Frequency **at discharge**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congestion/Exacerbation Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Anticoagulation***

Medication(s), Dose(s), and Frequency **prior to admit**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication(s), Dose(s), and Frequency **at discharge**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal Anticoagulation Levels (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Other HF Medications/Inotrope***

Medication(s), Dose(s), and Frequency **prior to admit**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication(s), Dose(s), and Frequency **at discharge**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Fluid/Diet**

Diet: Regular/No Restrictions Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fluid Restriction: None/ad lib Other: **\_\_\_\_\_\_\_\_\_\_\_**mL

Sodium Restriction: None Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mg/day

Plan for Outpatient Diet or Fluid Changes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Labs**

BNP at **admission**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BNP at **discharge:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NT-proBNP at **admission:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NT-proBNP at **discharge**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Creatinine (mg/dL) at **admission**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Creatinine (mg/dL) at **discharge**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hemoglobin (g/dL) at **admission**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hemoglobin (g/dL) at **discharge**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Iron Deficient during hospitalization? (circle): Yes/No/Not Assessed

On iron therapy? Yes- Oral Iron Therapy /Yes -Received IV Iron/No

1. **Additional Information or Instructions**

*Version 1, Last Updated 11/16/2020*

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