

HEART FAILURE CLINICAL PATHWAY

Date				
Day	Admission – Day 1	Day 2	Day 3	Day 4 and Discharge
Expected Outcomes	<input type="checkbox"/> Pt. starting to diurese <input type="checkbox"/> Improved lung sounds <input type="checkbox"/> O2 sat > 90%	<input type="checkbox"/> Weight / edema down <input type="checkbox"/> Labs within acceptable range <input type="checkbox"/> Diuresing continues <input type="checkbox"/> Resp.status improves	<input type="checkbox"/> Weight / edema down <input type="checkbox"/> Labs within acceptable range <input type="checkbox"/> Tolerating increased activity <input type="checkbox"/> Resp.status improves	<input type="checkbox"/> Weight / edema down <input type="checkbox"/> Labs within acceptable range <input type="checkbox"/> Tolerating increased activity <input type="checkbox"/> Resp.status improves
Nutrition	<input type="checkbox"/> ___ Gm Na+ diet Previous home restrictions	___ Gm Na+ diet Previous home restrictions	___ Gm Na+ diet Previous home restrictions	___ Gm Na+ diet Previous home restrictions
Test / Treatments	Foley needed? BMP BNP CBC Dig level if on Dig HgA1C if diabetes Lipid Profile TSH PT if on Coumadin CXR EKG ECHO _____% date _____ Accurate I&O documented	May d/c foley if present and diuresing decreased BMP ECHO _____% Accurate I&O documented and weights recorded	BMP Accurate I&O documented and weights recorded	BMP If ECHO not documented this admission why not? Accurate I&O documented and weights recorded
Medications	Saline lock ACE Inhibitor / ARB (if not, why not?) Aldactone Anticoagulant – Heparin / Lovenox Beta Blocker (if not, why not?) Bowel protocol Digoxin po / IV Lasix IV KCl <ul style="list-style-type: none"> Reconcile home medications with physician 			Reconcile discharge medications with physician Discharged on ACE / ARB ? If not, why not? Discharged on Beta Blocker ? Coreg / Toprol
Activity	As per physician order: <ul style="list-style-type: none"> Bedrest Up with assistance BRP Up ad lib 	Progress activity as tolerated	Patient tolerating increased activity? Order PT/OT if needed.	
Physical Assessment	Wt _____ Ht _____ Nursing assessments Dig level (if drawn) _____ K+ _____ BUN/CR _____ Hgb _____ BNP _____ Pulse ox _____ Telemetry	Wt _____ Nursing assessments K+ _____ BUN/CR _____ Hgb _____ BMP _____ Pulse ox _____ Telemetry	Wt _____ Nursing assessments K+ _____ BUN/CR _____ Hgb _____ Pulse ox _____ Telemetry	Wt _____ Nursing assessments K+ _____ BUN/CR _____ Hgb _____ Pulse ox _____ arrange home O2 if needed Telemetry

Date:				
	Admission – Day 1	Day 2	Day 3	Day 4 and Discharge
Patient Education	<p>Orient to patient pathway, unit and routines Assess readiness to learn Begin education if appropriate Initiate other consults if needed:</p> <ul style="list-style-type: none"> • Skin Care • Nutrition Services • Social Work (assistance with meds, no insurance) • PT/OT if needed <p>CHF discharge orders and instructions are appropriately placed in patient's chart</p> <p>Smoking Cessation documented (if applicable)</p>	<p>Confirm consults have seen patient Begin reviewing discharge instructions with patient:</p> <ul style="list-style-type: none"> • Need to weigh daily at the same time wearing the same amount of clothing • Low sodium diet • Medications • Signs / symptoms when to notify physician • Need to keep follow-up appointments • Activity restrictions <p>CHF discharge orders and instructions are appropriately placed in patient's chart</p>	<p>Continue to reinforce information:</p> <ul style="list-style-type: none"> • Need to weigh daily at the same time wearing the same amount of clothing • Low sodium diet • Medications • Signs / symptoms when to notify physician • Need to keep follow-up appointments • Activity restrictions <p>Patient to view CHF video or watch the CHF education of the Patient Channel</p> <p>Smoking Cessation documented (if applicable)</p> <p>CHF discharge orders and instructions are appropriately placed in patient's chart</p>	<p>Patient able to verbalize understanding of the need for:</p> <ul style="list-style-type: none"> • Weighing daily at the same time wearing the same amount of clothing • Low sodium diet • Medications • Signs / symptoms when to notify physician • Need to keep follow-up appointments • Activity restrictions <p>Patient has viewed CHF education and questions have been answered.</p> <p>Smoking Cessation documented (if applicable)</p> <p>CHF discharge orders and instructions are appropriately placed in patient's chart</p>
Discharge Planning	<p>Patient's living situation: Alone Family Current with home care? SNF / ALF</p> <p>Plan for transportation home? _____</p>	<p>Care manager to address discharge needs.</p>	<p>Discharge needs addressed / finalized</p> <p>Home care_____</p> <p>Rehab_____</p> <p>SNF_____</p>	<p>Needs addressed / finalized.</p> <p>Home care / rehab arranged if needed</p> <p>Transportation arranged</p> <p>Home O2 set up and patient has tank</p>

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____