

## About Hospitalized Heart Failure Patients: Discharge Checklist for Providers

Patient Name: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Follow-up appointment scheduled?

No: Reason: \_\_\_\_\_

Yes: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Name of Provider: \_\_\_\_\_ Location: \_\_\_\_\_

Brief medical history/discharge diagnosis: \_\_\_\_\_

Ejection fraction at discharge: \_\_\_\_\_

Method:  Echocardiogram  Cardiac catheterization  MUGA scan

Name of provider completing this form: \_\_\_\_\_  
Last name First name

Were the following discharge medications prescribed?	Y	N	Not Indicated	Agent Prescribed	Contraindication		Comments/Reasons for Not Prescribing	Initials
					Y	N		
Ace inhibitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
ARB (if ACE inhibitor intolerant or in addition to ACE inhibitor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Beta-Blocker (evidence based*)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Aldosterone antagonist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Loop diuretic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Thiazide diuretic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Digoxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Nitrates, prescribed dosage: <input type="checkbox"/> Sublingual/PRN <input type="checkbox"/> Topical/Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Hydralazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Warfarin (specify indication and target INR in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
ASA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Clopidogrel <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Indefinite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Lipid-lowering agents Statin: Other:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

Were the following interventions and counseling measures addressed?	Y	N	Not Applicable	Date Performed	Comments	Initials
Treatment and adherence education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Risk-modification counseling (general)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Blood pressure controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Smoking cessation recommended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Dietitian/nutritionist interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Weight reduction counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Cardiac rehabilitation interview and enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Physical activity counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Possible need for ICD and/or CRT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Which follow-up services were scheduled?	Y	N	Not Applicable	Date Scheduled	Comments	Initials
Cardiologist follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Primary care follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Cardiac rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Start Date:	
Stress test follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Echocardiogram follow-up, EF determination (assess need for ICD or CRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Electrophysiology referral or follow-up (assess need for ICD or CRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lipid profile follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Anticoagulation service follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Electrolyte profile/serum lab work follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Clinical summary and patient education record faxed to appropriate physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

see algorithms for details

\*bisoprolol, carvedilol, and sustained release metoprolol succinate as recommended per ACC/AHA HF Guidelines

## ACEI

- ACEIs are recommended in all patients with HF and LVEF  $\leq$  40%, unless a contraindication or intolerance to ACEIs is documented in the medical record. Those with renal insufficiency should be started on lower doses of ACEIs and should have frequent monitoring of electrolytes and creatinine.
- Contraindications to ACEIs: allergy or intolerance, angioedema, hyperkalemia ( $K > 5.5$  mmol/L), pregnancy, symptomatic hypotension, systolic blood pressure (SBP)  $< 80$  mmHg, bilateral renal artery stenosis. Consider hold parameter of SBP  $< 80$  mmHg.
- ARBs should be utilized as an alternative treatment in patients with ACEI intolerance

## Beta-Blocker

- Beta-blockers are recommended in all patients with HF and LVEF  $\leq$  40%, unless a contraindication or intolerance to Beta-blockers is documented in the medical record. Use only evidence-based Beta-blockers (carvedilol, metoprolol succinate, or bisoprolol). Patients should be compensated and not on IV inotropes.
- Contraindications: symptomatic bradycardia, significant reactive airway disease, shock, 2<sup>nd</sup> or 3<sup>rd</sup> degree heart block without a pacemaker
- Start at low HF dosing. Consider hold parameter of SBP  $< 80$  mmHg and HR  $< 40$ . (see beta blocker algorithm)

## Aldosterone antagonist

- Aldosterone antagonists are recommended in patients with HF or post-MI left ventricular dysfunction and LVEF  $\leq$  40% and moderate to severe symptoms, unless a contraindication to aldosterone antagonists is documented in the medical record
- Start at very low HF dosing. It is essential to very closely monitor serum potassium and renal function.

## LVEF

- Evaluation of LVEF with echocardiography should occur in all patients with newly diagnosed HF during admission. In patients with established HF, evidence must be present in the medical record that LVEF was evaluated prior to admission, ideally within the past 1-2 years.

## Device therapy for HF

- Select patients with LVEF  $\leq$  35% may benefit from ICD and/or cardiac resynchronization therapy. Patients should be on chronic optimal medical and not have other medical conditions that limit 1-year survival. Appropriate assessment and follow-up should be arranged for potential candidates for device therapy.