

### Discharge Instructions - Congestive Heart Failure

<ul style="list-style-type: none"> <li>• Weigh yourself daily and notify your physician of a weight gain of 3 – 5 pounds in 3 days. Keep a record of your weight. (Patient provided with log)</li> </ul>
<ul style="list-style-type: none"> <li>• Follow a low salt diet – avoid using salt at the table, avoid / limit use of canned soups, processed / packaged foods, salted snacks, olives and pickles. Do <b>not</b> use a salt substitute without consulting your physician.</li> </ul>
<ul style="list-style-type: none"> <li>• Notify your physician if you have an <b>increase</b> in:               <ul style="list-style-type: none"> <li>Chest pain / discomfort</li> <li>Shortness of breath</li> <li>Swelling in your legs, hand, feet or if your heart rate becomes fast or irregular</li> <li>Any dizzy spells or blackouts</li> <li>Weight gain of more than 3 –5 pounds in 3 days</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Take your medication as prescribed (Patient provided with food/drug/herbal interaction booklet and information sheets on discharge medications)</li> </ul>
<ul style="list-style-type: none"> <li>• CHF education completed and packet provided.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>IF YOU SMOKE – STOP! “Kick the Habit” Smoking Cessation Program offered at Memorial Hospital HealthLink. Call 444-CARE (2273) for more information.</b></li> </ul>

Activity: \_\_\_\_\_

Specific instructions: \_\_\_\_\_

**Discharge medications:**

These drugs have proven survival benefit in the treatment of CHF	Other medications that you may go home on:
ACE-I / ARB	Diuretic:
Beta Blocker:	Digoxin:
Aldosterone Blocker:	Statin:
	Aspirin:

- **Use “Additional Information Sheet” for any remaining medications**

**Appointments / Referrals:** (Follow up with/on/phone number

Cardiologist \_\_\_\_\_

Primary Care \_\_\_\_\_

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

- Smoking Cessation Counseling, referral to cessation program & option for replacement/suppression treatment provided (if applicable)
- Pain management education provided       Food/ Drug Herbal Interaction education completed
- Diabetes education provided (if applicable)       Patient verbalizes understanding of all discharge instructions.

Patient discharged to \_\_\_\_\_ at \_\_\_\_\_ mode \_\_\_\_\_ accompanied by \_\_\_\_\_

Valuable / Medications / Prescriptions given to :  N/A    Patient    Family    Other: \_\_\_\_\_

Signature of patient/family \_\_\_\_\_ RN signature \_\_\_\_\_ Date \_\_\_\_\_