

## 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 _____ <b>Accurate I&amp;O documented</b>	May d/c foley if present and diuresing decreased  BMP  ECHO _____%  <b>Accurate I&amp;O documented and weights recorded</b>	BMP  <b>Accurate I&amp;O documented and weights recorded</b>	BMP  If ECHO not documented this admission why not?  <b>Accurate I&amp;O documented and weights recorded</b>
Medications	Saline lock <b>ACE Inhibitor / ARB</b> (if not, why not?) Aldactone Anticoagulant – Heparin / Lovenox <b>Beta Blocker</b> (if not, why not?) Bowel protocol Digoxin po / IV Lasix IV KCl <ul style="list-style-type: none"> <li>Reconcile home medications with physician</li> </ul>			Reconcile discharge medications with physician  Discharged on <b>ACE / ARB</b> ? If not, why not?  Discharged on <b>Beta Blocker</b> ? Coreg / Toprol
Activity	As per physician order: <ul style="list-style-type: none"> <li>Bedrest</li> <li>Up with assistance</li> <li>BRP</li> <li>Up ad lib</li> </ul>	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"> <li>• Skin Care</li> <li>• Nutrition Services</li> <li>• Social Work (assistance with meds, no insurance)</li> <li>• PT/OT if needed</li> </ul> <p><b>CHF discharge orders and instructions are appropriately placed in patient's chart</b></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"> <li>• Need to weigh daily at the same time wearing the same amount of clothing</li> <li>• Low sodium diet</li> <li>• Medications</li> <li>• Signs / symptoms when to notify physician</li> <li>• Need to keep follow-up appointments</li> <li>• Activity restrictions</li> </ul> <p><b>CHF discharge orders and instructions are appropriately placed in patient's chart</b></p>	<p>Continue to reinforce information:</p> <ul style="list-style-type: none"> <li>• Need to weigh daily at the same time wearing the same amount of clothing</li> <li>• Low sodium diet</li> <li>• Medications</li> <li>• Signs / symptoms when to notify physician</li> <li>• Need to keep follow-up appointments</li> <li>• Activity restrictions</li> </ul> <p>Patient to view CHF video or watch the CHF education of the Patient Channel</p> <p>Smoking Cessation documented (if applicable)</p> <p><b>CHF discharge orders and instructions are appropriately placed in patient's chart</b></p>	<p>Patient able to verbalize understanding of the need for:</p> <ul style="list-style-type: none"> <li>• Weighing daily at the same time wearing the same amount of clothing</li> <li>• Low sodium diet</li> <li>• Medications</li> <li>• Signs / symptoms when to notify physician</li> <li>• Need to keep follow-up appointments</li> <li>• Activity restrictions</li> </ul> <p>Patient has viewed CHF education and questions have been answered.</p> <p>Smoking Cessation documented (if applicable)</p> <p><b>CHF discharge orders and instructions are appropriately placed in patient's chart</b></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>

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