

APPENDIX D: SAMPLE COLORADO CHF DISCHARGE ORDER SET

Patient name: _____ Attending Doctor: _____

Dates hospitalized: Admit: _____ Discharge: _____

Discharging unit and phone number: _____

Number to call with questions (hospital unit): _____

Diagnosis: Congestive Heart Failure (CHF) Other: _____

While you were hospitalized you had the following treatments or interventions.

:

Pneumococcal vaccine given Influenza vaccine given

Review the red education booklet entitled "Heart Failure: A Patient Guide" provided to you during this hospitalization. It reviews activity recommendations, how to measure your body weight, diet, how to manage your symptoms, and how to contact your doctor if your health changes.

ACTIVITY / EXERCISE

Plan time EVERY DAY for walking, biking, or other activity. Schedule rest breaks as needed.

Increase walking by five (5) minutes per week if tolerated.

Long-term goal of thirty (30) to sixty (60) minutes of exercise daily.

Other: _____

HOME MANAGEMENT OF WEIGHT AND FLUID STATUS

Discharge Weight: _____ lbs. Tell your nurse now if you don't have a scale.

Recheck your baseline weight as soon as you get home from the hospital.

Weigh yourself on the same scale EVERY morning. Record your weights.

Call your doctor if you have weight gain or loss greater than 3 pounds in 24 hours, or 1 pound per day for 3 days in a row.

DIET

Low salt – No added salt OR Less than 2 Gram (2000mg) a day

Fluid restriction of 2000 ml/day (your total liquids should be less than 2 quarts per day)

Other: _____

MEDICATIONS

Please review and sign your medication reconciliation form prepared by your nurse and doctor. Your doctor may have made some medication changes, and this new list is what you should be taking. It is your responsibility to understand your medications and to take them as prescribed. If you ever have questions or concerns about your medications, please call your doctor.

SMOKING CESSATION

If you use tobacco, stop. Quitting smoking is one of the best actions you can take to improve your health. Review Smoking Cessation information provided. Contact 1-800-QUIT-NOW.

OUTPATIENT FOLLOW-UP

It is very important for you to make and keep the appointments listed below. It is generally recommended that you follow up with a health care provider (i.e. your doctor) with 7 days of hospital discharge following heart failure exacerbation:

Cardiologist: Name _____ _ We have made an appointment for you: Date _____
_____ Time _____ Location _____ Phone#:

Primary Care Provider: Name _____ _ We have made an appointment for you: Date _____
_____ Time _____ Location _____ Phone#:

Other: _____

Anticoagulant Clinic: Phone # _____

Blood tests: PT/INR (if warfarin), Basic Metabolic Panel, • Other

Date _____ Time _____ Location _____ Send results to _____

WHEN TO CALL YOUR DOCTOR OR HEALTH CARE PROVIDER

- Questions about your medications or difficulty obtaining your medications.
- Increased swelling in your feet, ankles, or abdomen. Unexpected weight gain or loss.
- Decreased ability to tolerate activities or exercise, worsening fatigue, or greater tiredness.
- Worsening shortness of breath, an increasing need to sleep propped up, increasing cough, or waking up in the middle of the night short of breath.
- Unrelieved chest pains.
- Increased dizziness, nearly passing out, or passing out.
- Your defibrillator shocks you.
- Other worrisome problems or symptoms that you feel may need immediate attention.