

Sample Heart Failure Patient Discharge Sheet

INSTRUCTIONS: The nurse and patient should complete and sign this form together. One copy is to be given to the patient upon discharge; another copy is to be placed in the patient's medical record.

Discharge Diagnoses: Heart Failure; LVEF - _____
Other: _____

Discharge Medications: I understand that these medications are important to prevent my heart failure from getting worse and will help me to feel better. I agree to take my medicine as prescribed.

	Drug Prescribed	Dose
ACE Inhibitor		
Angiotensin II Receptor Blocker		
Beta Blocker		
Anticoagulant/Antithrombotic		
Digoxin		
Diuretic		
Aldosterone Antagonist (Aldactone)		
Potassium		
ASA		

I have received instruction on the following:

- Side effects of my medications
- What to do if my symptoms worsen
- Diabetes management, if appropriate N/A
- Cholesterol level: Total: _____; LDL: _____; HDL: _____

Diet:

- Counseled about low sodium diet N/A
_____ gm Sodium per day
- Counseled about fluid restriction N/A
_____ liters fluid per day

Special Instructions about my health:

- Instructed about daily weight monitoring
- Counseled to quit smoking; I understand that smoking causes damage to my heart and causes other illnesses that may affect the quality and length of my life.
- Counseled to stop alcohol use
- Counseled about weight reduction, if appropriate
- I understand that regular exercise/activity is very important to my health. I understand the following limitations on my activity _____.
 No activity restriction.
- I have been advised to have the pneumococcal vaccine.
Vaccine given in-house on _____; Declined vaccine
- I have been advised to have the flu vaccine (in season)
Vaccine given in-house on _____; Declined vaccine

Follow Up:

- Appointment scheduled for _____ with Dr. _____
- I will schedule f/u with my HMO/Primary Care MD within _____ weeks

Patient Signature

Date

RN Signature

Date