

Form Title **Heart Failure Admission to Discharge Checklist**

Form Number **21040**

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Affix patient label within this box

Heart Failure Admission to Discharge Checklist

Please complete the following activities related to Heart Failure (HF) patient care. Check the appropriate column as each item is addressed for the patient and/or caregiver(s). Provide additional comments if item is incomplete and when necessary.

Admission Date (yyyy-Mon-dd)		Time (hh:mm)					
Activity	Completed			Initial			
	Yes	No	N/A				
Patient Education							
1. Provide 'Patient Education Resource Package' – Review with patient/caregiver							
a) Heart Failure Management Guide							
b) Nutrition and Lifestyle Choices to Manage HF							
c) Daily Weight Monitoring							
d) Weight Chart							
e) Signs and Symptoms							
f) Benefits of Low Salt (Sodium) Diet							
g) Tobacco use; assess and provide tobacco cessation support resources.							
h) Heart Failure Medicines							
2. Sodium/Fluid Intake							
<input type="checkbox"/> Dietitian <input type="checkbox"/> Other, specify _____							
3. Ambulate - Early Mobilization (done within 48 hours)							
Prior to Discharge Review results and ensure appropriate follow-up							
4. Malnutrition Screen							
5. Frailty screen							
6. Cognitive screen							
7. Transition/Discharge services assessment							
8. Review and optimize heart failure medication							
9. Chest X-Ray							
10. Echocardiogram within the past 12 months Ejection Fraction _____ %							
At Discharge							
11. Complete discharge medication reconciliation							
12. Obtain BNP or NT-proBNP within 48 hours prior to discharge (required for #13)							
13. Complete 'LACE Index Scoring Worksheet' (Form 21046) & 'Risk Stratification Worksheet' (Form 21039)							
14. Complete, review and provide patient with 'Discharge Management Plan' (Form 21041) – Reinforce Daily Weight and "Red, yellow, green Action Plan" (ensure adequate patient understanding)							
15. Notify Heart Function Clinic or Specialist of patient discharge							
16. Arrange follow-up with Heart Function Clinic or Specialist within recommended timelines as per Risk Stratification Worksheet							
17. Notify Primary Care Provider of patient discharge							
18. Arrange follow-up with Primary Care Provider within 2 weeks (14 days) of discharge							
19. Provide Primary Care Provider & Heart Function Clinic/Specialist with Discharge Summary & Discharge Management Plan (including designed supportive living & home care where appropriate)							
20. Add discharge weight to Discharge Summary and on Discharge Management Plan							
Additional Comments							