

Shaded portions indicate responses that should populate selection menus, either written as shown on the second page, or as part of a clinical decision support tool.

FOCUSED DISCHARGE HANDOFF

Name _____ Age _____ MRN _____ Date of Discharge ____/____/____ Days in hospital _____

HF TYPE: _____ **HF ETIOLOGY:** _____

Last LVEF _____ Hospital Triggers _____

Arrhythmia history _____ Device Type _____

CONDITION AT DISCHARGE:

D/C BP: Sitting Standing *HR_Rhythm* _____ *Congestion at D/C?* _____

Edema (0-4+) *JVP* _____ *Orthopnea* _____ *Rales* _____ *Ascites* _____ *Liver* _____ cm

Weight at D/C _____ lbs Admission weight _____ lbs *Est target weight* _____ lbs *If still wet, limited by* _____

Biomarkers: Admit BNP _____ or NT proBNP _____ Troponin _____ Discharge BNP (if known) _____ or NT proBNP _____

Kidney Function: Discharge BUN/Cr _____ Worst in hospital _____ Baseline Cr (if known) _____

Comorbidities: _____

Psychosocial Factors: _____

Other hospital events: _____ IV inotropes used? _____ Type: _____

Code Status: _____

DISCHARGE HF MEDICATIONS:

DIURETIC: Loop type _____, Dose _____ mg/day. Metolazone _____ mgs, _____ (frequency or prn).
 Triggers for rescue dose: If _____ lbs up, or _____ (sentinel symptoms)
 Rescue dose _____ orally, and / or metolazone _____ mg for _____ days before recheck
 In hospital effective loop dose _____ mgs IV _____ drip at _____ mg/hr Metolazone used? _____
K+ replacement _____ mEq / day _____ Plan for K+ with rescue dose? _____

GUIDELINE DIRECTED MEDICAL THERAPY (For history EF < 40 only):

RAS meds: ACEI _____ mg/day ARB _____ mg/day ARNI _____ mg/day _____ Dose decrease in hospital? _____
 If none or dose decrease, why? _____
 → Is there a PLAN for outpatient increase or initiation? _____

Beta blocker: _____ mg/day Dose decrease in hospital? _____
 If not, or dose decrease, reason? _____
 → Is there a PLAN for outpatient increase or initiation? _____

Spironolactone or eplerenone _____ if not, why _____

Other HF meds: Digoxin _____ Ivabradine _____
 Hydral/Iso _____
 Anticoagulation for _____ with _____
 Antiplatelet for _____ with _____ Any hx bleeding? _____
 Antiarrhythmic medications _____
See patient discharge document and full discharge summary for complete med list

FOLLOW-UP: Discharge follow-up team _____, Appointment date and time _____

Home Health referrals (visiting nurses, PT, home infusion) _____

Post-discharge labs: Will be drawn at: _____ Results sent to: _____

HF medication refills to _____

For worsening heart failure, contact _____ Phone Number _____

For non-cardiac issues, contact _____ Phone Number _____

Rhythm device follow-up _____

Other care providers _____

Is additional support needed for optimal care? _____

SELECTION MENUS

HF TYPE:

- HF rEF
- HF pEF
- mid-range
- HF rEF with improved EF

HF ETIOLOGY:

- ischemic
- nonischemic
- infiltrative
- other

CONDITION AT DISCHARGE

Rhythm

- sinus
- Afib
- paced
- freq PVC
- freq PAC

Rales

- none
- ¼
- ½
- wheezes
- pl eff

If still wet, limited by

- dominant right heart failure
- renal failure
- hypotension
- excessive fluid in hospital
- frequent readmission pattern
- other

Other hospital events:

- code
- sepsis
- dialysis
- Intubation

Code Status:

- full code
- full code but recent discussions
- DNR/DNI
- DNI only
- Needs discussion

DISCHARGE HF MEDICATIONS

In-hospital effective loop dose ___ mgs IV daily BID TID

GUIDELINE DIRECTED MEDICAL THERAPY

RAS meds

If none or dose decrease, why?

- hypotension
- orthostatic/dizzy
- worsening renal fx
- hyperkalemia
- angioedema
- cough
- other

Beta blocker

If none or dose decrease, why?

- hypotension
- bradycardia
- worsening renal function
- fatigue
- other

Spironolactone or eplerenone yes no, If not, why

- hypotension
- worsening renal function
- hyperkalemia

Other HF meds:

Digoxin started continued stopped

Ivabradine started continued stopped

Hydral/Iso started continued stopped

Anticoagulation for

- AF
- DVT/PE
- mech valve
- hx embolism
- LV thrombus with
 - warfarin
 - apixaban
 - rivaroxaban
 - other DOAC

Antiplatelet for

- ACS
- PCI
- CAD
- stroke/TIA with
 - ASA
 - clopidogrel
 - ticagrelor
 - prasugrel

Antiarrhythmic medications

- amiodarone
- dofetilide
- sotalol
- mexilitene
- other

