

Figure 13

Use this checklist to help organize and streamline the follow-up phone call to ensure that it is comprehensive yet focused.

### Early Post-Discharge: Checklist for 48-72 Hour Follow-Up Phone Call

INTRODUCTION: My name is \_\_\_\_\_. I am calling from (either provider’s office or hospital, depending on care coordination structure) to see how you are feeling and after your recent discharge from the hospital.

TOPIC	VITAL QUESTION	CAUSE FOR IMMEDIATE CONCERN	TEACHING POINTS TO BE COVERED IN CALL / CLINIC USING TEACH BACK
<p><b>Symptoms</b></p> <ul style="list-style-type: none"> <li>- Sentinel symptom from hospitalization</li> <li>- Shortness of breath</li> <li>- Orthopnea</li> <li>- Edema</li> </ul>	<p>How is _____?</p> <p><input type="checkbox"/> Same</p> <p><input type="checkbox"/> Better</p> <p><input type="checkbox"/> worse than at discharge</p>	<p><b>Alert If WORSE</b></p>	<p>Do you know what symptoms you should be paying attention to?</p>
<p><b>Dizziness</b></p>	<p>Are you having trouble with dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is it just when you first stand up or does it last longer?</p> <p>_____</p>	<p><b>FREQUENT DIZZINESS</b></p>	<p>Review dizziness as potential symptom of concern</p>
<p><b>Daily Weights</b></p>	<p>Are you weighing yourself daily? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, do you have a scale? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What was your first weight at home after discharge? _____</p> <p>What is your weight now? _____</p>	<p><b>ALERT</b> If no weights or if weight increase &gt; trigger</p>	<p>Importance of weights as short-term indication of fluid balance. Review diuretic plan from discharge</p> <p>Do you have a plan for what to do if your weight increases?</p>
<p><b>Medications</b></p> <p>(Refer to discharge list)</p>	<p>Do you have these medications prescribed at discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you know how to take them? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you think you are having side effects from any of them? _____</p>	<p><b>ALERT</b> If Not obtained, Or not taking correctly</p>	<p>Types and purposes of HF medications</p>
<p><b>Salt restriction</b></p>	<p>Are you watching your salt intake? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is your daily limit?</p> <p>_____</p> <p>What are you doing to make sure you don’t eat too much salt? _____</p>		<p>Review contribution of salt to fluid retention</p> <p>Common high-salt items</p> <p>How to read labels</p>
<p><b>Fluid restriction</b></p> <p>(for patients who have one)</p>	<p>Are you keeping track of your fluid intake? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is your daily limit?</p> <p>_____</p> <p>What are you doing to stay within your limit?</p> <p>_____</p> <p>_____</p>		<p>Review contribution of fluid to symptoms, Importance of fluid restriction for fluid balance and how to account for fluids in food as well as beverages.</p> <p>Reassure: this is often not a sign of dehydration in heart failure</p> <p>Present tricks such as frozen fruit, etc</p>
<p><b>Follow-up</b></p>	<p>When is your follow-up appointment?</p> <p>_____</p> <p>Do you have a way to get there?</p> <p>_____</p>	<p><b>NO F/U APPT</b> or no way to get there</p>	
<p><b>Physical Activity</b></p>			