## Ideal Discharge for the Heart Failure Patient: A Hospitalist Checklist

**Data Elements**
- Presenting problem that precipitated hospitalization
- Key findings and test results
- Final Primary and Secondary Diagnoses
- **Brief Hospital Course** — for Heart failure problem include the following:
  - Etiology of heart failure
  - Triggers of exacerbations
  - Ejection fraction
  - In-hospital interventions
  - In-hospital diuresis
  - Discharge weight
  - Target weight range
  - Discharge creatinine/GFR
  - Follow-up studies needed
  - Immunization
    - Pneumovax
    - Influenza
- Condition at discharge, including functional status and cognitive status if relevant
- Discharge destination (and rationale if not obvious)
- **Discharge Medications**:
  - Written schedule
  - Include purpose and cautions (if appropriate) for each
  - Comparison with pre-admission medications (new, changes in dose/freq, unchanged, "meds should no longer take")
  - High risk medications that need close follow-up and monitoring (warfarin, high-dose diuretics with plan for on-going diuresis, CV meds, corticosteroids, hypoglycemic agents, narcotic analgesics)
- Lab monitoring within 72-hours of discharge
  - Electrolytes, BUN, creatinine/GFR for patients with:
    - on-going diuresis
    - on ACEI/ARB with newly added spironolactone

**Processes**
- **Discharge Summary**
- **Patient Instructions**
- **Communication to follow-up clinician on day of discharge**

### Legend
- **x** = required
- **o** = optional

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<table>
<thead>
<tr>
<th>Data Elements</th>
<th>Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>INR for patients:</td>
<td>Discharge Summary</td>
</tr>
<tr>
<td>❖ Newly started on warfarin</td>
<td>X</td>
</tr>
<tr>
<td>❖ Patients with variable in-hospital INR values</td>
<td>X</td>
</tr>
<tr>
<td>Follow-up appointments with name of provider, date, address, phone number, visit purpose, suggested management plan. Follow-up with primary heart failure physician within 7 days of discharge</td>
<td>X</td>
</tr>
<tr>
<td>All pending labs or tests, responsible person to whom results will be sent</td>
<td>X</td>
</tr>
<tr>
<td>Recommendations of any sub-specialty consultants</td>
<td>X</td>
</tr>
<tr>
<td>Documentation of patient education and understanding</td>
<td>X</td>
</tr>
<tr>
<td>❖ Diet</td>
<td>X</td>
</tr>
<tr>
<td>❖ Weight</td>
<td>X</td>
</tr>
<tr>
<td>❖ Signs and symptoms of heart failure</td>
<td>X</td>
</tr>
<tr>
<td>❖ Activity</td>
<td>X</td>
</tr>
<tr>
<td>❖ Medications</td>
<td>X</td>
</tr>
<tr>
<td>Any anticipated problems and suggested interventions and who to call</td>
<td>X</td>
</tr>
<tr>
<td>24/7 call-back number</td>
<td>X</td>
</tr>
<tr>
<td>Identify referring and receiving providers</td>
<td>X</td>
</tr>
<tr>
<td>Resuscitation Status</td>
<td>X</td>
</tr>
<tr>
<td>And any other pertinent end-of-life issues, including assessing appropriateness for hospice and/or palliative care.</td>
<td>X</td>
</tr>
</tbody>
</table>

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o = optional

*Patient Instructions: Provide instructions that are culturally appropriate and in the patient’s primary language that is written at 6th grade level.
BIBLIOGRAPHY


18. JACHO Manual: Information Management (IM) 6.10 and Patient Care (PC) 15.30


29. Institute for Healthcare Improvement - R. Resar, MD (personal communication)


