

Ideal Discharge for the Heart Failure Patient:

A Hospitalist Checklist

x = required

o = optional

Data Elements	Processes		
	Discharge Summary	*Patient Instructions	Communication to follow-up clinician on day of discharge
	Presenting problem that precipitated hospitalization	X	X
Key findings and test results	X		X
Final Primary and Secondary Diagnoses	X	X	X
Brief Hospital Course — for Heart failure problem include the following:			
❖ Etiology of heart failure	X		X
❖ Triggers of exacerbations	X		X
❖ Ejection fraction	X		X
❖ In-hospital interventions	X		X
❖ In-hospital diuresis	X		X
❖ Discharge weight	X		X
❖ Target weight range	X		X
❖ Discharge creatinine/GFR	X		X
❖ Follow-up studies needed	X		X
❖ Immunization	X		
• Pneumovax			
• Influenza			
Condition at discharge, including functional status and cognitive status if relevant ^{20, 21}	x - functional status o - cognitive status		
Discharge destination (and rationale if not obvious)	X		X
Discharge Medications:			
Written schedule	X	X	X
Include purpose and cautions (if appropriate) for each ²⁹	O	X	O
Comparison with pre-admission medications (new, changes in dose/freq, unchanged, “meds should no longer take” ³⁰)	X	X	X
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:	X	X	X
❖ on-going diuresis			
❖ on ACEI/ARB with newly added spironolactone			

Data Elements	Processes		
	Discharge Summary	*Patient Instructions	Communication to follow-up clinician on day of discharge
INR for patients: ❖ Newly started on warfarin ❖ Patients with variable in-hospital INR values 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	X	X	X
All pending labs or tests, responsible person to whom results will be sent ³¹	X		X
Recommendations of any sub-specialty consultants	X		X
Documentation of patient education and understanding ❖ Diet ❖ Weight ❖ Signs and symptoms of heart failure ❖ Activity ❖ Medications	X X X X X	X X X X X	
Any anticipated problems and suggested interventions and who to call	X	X	X
24/7 call-back number	X	X	
Identify referring and receiving providers	X	X	
Resuscitation Status And any other pertinent end-of-life issues ³² , including assessing appropriateness for hospice and/or palliative care.	X		

x = required
o = optional

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

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