TELEPHONE FOLLOW-UP FORM

American Heart Association. | TARGET:HF TAKING THE FAILURE OUT OF HEART FAILURE

GENERAL INFORMATION

Discharge date: (mm/dd/yyyy)	
Patient name:	
Date of birth: (mm/dd/yyyy)	
Primary care physician:	
Cardiologist:	
Homecare?	☐ YES ☐ NO
Labs ordered/done prior to first follow-up call or appointment?	☐ YES ☐ NO
Date: (mm/dd/yyyy)	

PATIENT EDUCATION

INTRODUCTION: My name is _____. I am calling from [INSERT HOSPITAL NAME]. I am doing a follow-up courtesy call to see how you are doing.

Weight monitoring	
Do you have a scale at home that you can use to weigh yourself?	☐ YES ☐ NO If no: Comments_____
[If patient answered no, advised the patient to buy a scale]	☐ YES ☐ NO
[If patient answered yes to having a scale] Can you see the numbers on the scale?	☐ YES ☐ NO
Have you been weighing yourself daily?	☐ YES ☐ NO
Dry weight (at home,1st day after discharge)	
Did you take your dry weight 1 day after discharge?	☐ YES ☐ NO
Do you have a weight diary?	☐ YES ☐ NO
If no, was the patient provided with a weight calendar during this visit?	☐ YES ☐ NO
Do you understand how and when to check your weight? *[Tell patient that he/she should check weight every AM, after first void, prior to PO intake; with same amount of clothing on]*	☐ YES ☐ NO
Do you understand the importance of measuring and recording your daily weights? *[Tell patient that daily weights are important to self-monitor for fluid retention]*	☐ YES ☐ NO
Confirmed understanding by Teach Back? [*The pt or family member can verbalize your instructions back to you in their own words to confirm understanding]*	☐ Yes ☐ Patient needs reinforcement Comments:

Fluid restriction (if applicable to this patient)	
Do you know why it is important to restrict your fluid intake?	☐ YES ☐ NO
How many liters of fluid do you consume a day? *[Tell patient that he/she should keep fluid intake to less than 2 L/day of fluid a day to lessen congestion and decrease the need for diuretics.]*	☐ 1.5 L ☐ 2.0 L ☐ N/A
Confirmed understanding by Teach Back? *The patient or family member can verbalize your instructions back to you in their own words to confirm understanding.*	☐ Yes ☐ Patient needs reinforcement Comments:
Low-sodium diet	
Are you following a low-sodium diet? If yes, what is your sodium limit per day?	☐ YES ☐ NO (reason): _____
Review low-sodium diet expectations in relation to patients individual scenario (i.e., eats out, likes ethnic foods, is thirsty, uses salt when cooking, reads labels, someone else cooks, etc).	☐ YES ☐ NO
Confirmed understanding by Teach Back? [*The patient or family member can verbalize your instructions back to you in their own words to confirm understanding].*	☐ Yes ☐ Patient needs reinforcement Comments:
Exercise	
Are you engaging in daily physical activity?	☐ YES ☐ NO (reason): _____
Review importance of exercise for heart failure patients	☐ YES ☐ NO
Habits	
Are you currently a smoker? *[a smoker is defined as someone who has smoked anytime in the past year]*	☐ YES ☐ NO
If patient answers yes, did you provide the patient with smoking-cessation counseling?	☐ YES ☐ NO
Do you consume alcohol? *[patients with heart failure should be advised not to consume alcohol]*	☐ YES ☐ NO
Do you take any illicit drugs?	☐ YES ☐ NO
Confirmed understanding by Teach Back? *[The pt or family member can verbalize your instructions back to you in their own words to confirm understanding]*	☐ Yes ☐ Patient needs reinforcement Comments:

Signs and symptoms	
List the ways you know your heart failure is getting worse? If the signs or symptoms (above) get worse, what will you do? Whom will you call?	☐ YES ☐ NO
[Review with patient the contact information for whom to call in case they experience signs of symptoms of heart failure?]	PCP name: Phone number: Phone number: Cardiologist: Phone number: NP: NP number:
Weight/swelling	
Do you know what do if you gain more than 2 pounds in 1 day or 5 pounds in a week? *[Tell the patient that he/she should contact his/her physician if he/she gains excessive weight]*	☐ YES ☐ NO
Do you know what to do if you notice more swelling in the feet, ankles, or stomach region? Or if you wake up suddenly from a sound sleep or are urinating at night (more than previously)? *[Tell the patient that he/she should contact his/her physician if he/she gains excessive weight]*	☐ YES ☐ NO
Confirmed understanding by Teach Back? *[The pt or family member can verbalize your instructions back to you in their own words to confirm understanding]*	☐ Yes ☐ Patient needs reinforcement Comments:
Breathing	
Have you experienced worsening in shortness of breath?	☐ YES ☐ NO If yes when:_____
[Review with patient what do if they experience the below *-More shortness of breath than usual* *-It is harder to breathe when lying down* *-If you develop dry hacking cough]*	☐ Review provided.
Confirmed understanding by Teach Back? *[The pt or family member can verbalize your instructions back to you in their own words to confirm understanding.]*	☐ Yes ☐ Patient needs reinforcement Comments:
Other symptoms	
[Review with patient what to do if they are feeling more tired/have less energy, have a poor appetite/or early satiety, or are feeling uneasy; or "something is not right"]	☐ Completed
Pt should go the emergency room/call 911 if:	
[Explain to patient that they should go to emergency room or call 911 if they experience any of the below symptoms:	☐ Completed

-struggle to breathe or have unrelieved shortness of breath while at rest *-chest pain* *- new or worsening confusion or having trouble thinking clearly* *- persistent palpitations (racing heart)* *- lightheadedness that does not quick resolve* *- passing out]*	
Confirmed understanding by Teach Back? *[The pt or family member can verbalize your instructions back to you in their own words to confirm understanding.]*	☐ Yes ☐ Patient needs reinforcement Comments:_____ _

Medications for Heart Failure Management

Medication Reconciliation Completed ☐	Comments:
Can you afford to buy your medications?	☐ YES ☐ NO (reason):_____
Have you filled your prescription(s) as ordered?	☐ YES ☐ NO (reason):_____
Do you have a prescription drug plan?	☐ YES ☐ NO (reason):_____
Diuretic **(if applicable to this patient)**	
Are you taking a diuretic?	☐ YES ☐ NO
[Provide the patient education regarding the use/indication for this drug: water pill to remove excess water from legs, feet, lungs and stomach]	☐ Patient Education Provided ☐ Patient education not provide due to medical contraindications to diuretic
If patient is not on diuretics indicate why (contraindications).	Patient had side effects that include:
Confirmed understanding by Teach Back? *[The pt or family member can verbalize your instructions back to you in their own words to confirm understanding.]*	☐ Yes ☐ Patient needs reinforcement Comments:
ACE-inhibitor or angiotensin receptor blocker If patient has reduced LVEF (LVEF <40%) **(if applicable to this patient)**	
Are you taking an ACEI or ARB?	☐ YES ☐ NO
[Provide the patient with education on how ACEI or ARBs can serve to relax blood vessels, making it easier for heart to pump, can lower blood pressure]	☐ Patient education provided ☐ Patient education not provide due to medical contraindications to ACEI or ARB
If patient is not on ACEI or ARB indicate why (contraindications).	Patient had side effects that include:
Confirmed understanding by Teach Back? *[The pt or family member can verbalize your instructions back to you in their own words to confirm understanding.]*	☐ Yes ☐ Patient needs reinforcement Comments:
Beta-blocker if patient has reduced LVEF (LVEF<40%)	

(if applicable to this patient)	
Are you taking a beta blocker? *[If pt has reduced LVEF (EF < 40%) preferred evidence-based beta blockers are carvedilol, metoprolol succinate (XL) and bisoprolol]*	☐ YES ☐ NO
[Provide the patient with education on how a beta blocker can help the heart pump better over time and can block the body's response to certain substances that damage heart muscle]	☐ Patient education provided ☐ Patient education not provide due to medical contraindications to beta blocker
If patient is not on beta blocker, indicate why (contraindications).	Patient had side effects that include:
Confirmed understanding by Teach Back? *[The pt or family member can verbalize your instructions back to you in their own words to confirm understanding.]*	☐ Yes ☐ Patient needs reinforcement Comments:
Aldosterone antagonist if patient has reduced LVEF (LVEF<40%) (if applicable to this patient)	
Are you taking a aldosterone antagonist? *[If pt has reduced LVEF (EF < 40%) need to closely monitor K and Cr]*	☐ YES ☐ NO
[Provide the patient with education on how aldosterone antagonist helps to block sodium and water reabsorption, helps prevent further damage to heart, and that at low doses, 6.25-25 mg/day, is not used as a water pill.]	☐ Patient education provided ☐ Patient education not provide due to medical contraindications to aldosterone antagonist
If patient is not on aldosterone antagonist, indicate why (contraindications).	Patient had side effects that include:
Confirmed understanding by Teach Back? *[The pt or family member can verbalize your instructions back to you in their own words to confirm understanding.]*	☐ Yes ☐ Patient needs reinforcement Comments:
Hydralazine/ nitrate for African American patients with reduced LVEF (*EF < 40%*) (if applicable to this patient)	
Are you taking hydralazine/nitrate (if pt has reduced LVEF and is of black race)	☐ YES ☐ NO
[Provide the patient with education on how hydralazine/nirtrate can help open up the vessels of the heart and makes it easier for the heart to pump.]	☐ Patient education provided ☐ Patient education not provide due to medical contraindications to hydralizine/nitrate
If patient is not on hydralazine/nitrate, indicate why (contraindications).	Patient had side effects that include:
Confirmed understanding by Teach Back? *[The pt or family member can verbalize your instructions back to you in their own words to confirm understanding.]*	☐ Yes ☐ Patient needs reinforcement Comments:
Warfarin or other anticoagulant (If indicated for patients with chronic/recurrent afib or mechanical valve)	
Are you taking warfarin or other oral anticoagulant?	☐ YES ☐ NO
[Provide the patient with education on how	☐ Patient education provided

warfarin or other anticoagulant can help to prevent stroke by serving as blood thinner.]	☐ Patient education not provide due to medical contraindications to warfarin or other anticoagulant
If patient is not on warfarin or other anticoagulant, indicate why (contraindications).	Patient had side effects that include:
Confirmed understanding by Teach Back? *[The pt or family member can verbalize your instructions back to you in their own words to confirm understanding.]*	☐ Yes ☐ Patient needs reinforcement Comments:
Potassium/magnesium supplements (if applicable to this patient)	
Are you taking potassium/magnesium supplements?	☐ YES ☐ NO
[Provide the patient with education on how potassium/magnesium supplements can help to replace important electrolytes that are lost when the patient urinates due to taking water pills.]	☐ Patient education provided ☐ Patient education not provide due to medical contraindications to potassium/magnesium supplements
If patient is not on potassium/magnesium supplements, indicate why (contraindications).	Patient had side effects that include:
Confirmed understanding by Teach Back? *[The pt or family member can verbalize your instructions back to you in their own words to confirm understanding.]*	☐ Yes ☐ Patient needs reinforcement Comments:
Lipid-lowering medication if pt has CVD, PVA or CVA (if applicable to this patient)	
Are you taking lipid-lowering medications?	☐ YES ☐ NO
If patient is not on lipid-lowering medication indicate why (contraindications).	Patient had side effects that include:
Confirmed understanding by Teach Back? *[The pt or family member can verbalize your instructions back to you in their own words to confirm understanding.]*	☐ Yes ☐ Patient needs reinforcement Comments:
Omega 3 fatty acid supplementation (if applicable to this patient)	
Are you taking omega 3 fatty acids?	☐ YES ☐ NO
Confirmed understanding by Teach Back? *[The pt or family member can verbalize your instructions back to you in their own words to confirm understanding.]*	☐ Yes ☐ Patient needs reinforcement Comments:
Diuretic self-management	
Is the patient an appropriate candidate for diuretic self-management?	☐ YES ☐ NO
[Reviewed when it is appropriate to take extra diuretics +/- potassium based on weight gain]	☐ YES ☐ NO
[If weight gain persists > 2 days, advised the patient to call MD/ NP]	☐ YES ☐ NO
Confirmed understanding by Teach Back? *[The pt or family member can verbalize your instructions back to you in their own words to*	☐ Yes ☐ Patient needs reinforcement

confirm understanding.]	Comments:
Other questions	
Have you scheduled a follow-up appointment?	☐ YES ☐ NO Comments:
Do you have access to transportation to and from the hospital?	☐ YES ☐ NO Comments:
Do you have any other questions related to:	☐diet ☐activity ☐medications ☐other concerns (list): _____

GENERAL INFORMATION:

General comments			
Further action needed post follow-up call?	☐ YES ☐ NO		
If yes, what follow-up action is needed/performed?	☐ Notify Dr,	Name:	
		Number:	
		Date	
		Time	
		☐ call in prescriptions to pharmacy	Pharmacy name: Pharmacy phone number:
		☐ call patient regarding_____	
	Set up appointment with Dr.	Dr. name	
	Call in [ ] days for:		
	Other:		
Telephone:	Person interviewed:	☐Patient ☐Other (name/relation): _____	

Attempts to contact:		
Date:	**Time:**	**Initials:**
Date:	**Time:**	**Initials:**
Date:	**Time:**	**Initials:**
RN name (print):		
Rn signature:		
Date:	**Time:**	

TEMPLATE TELEPHONE FOLLOW-UP INTERVIEWER INSTRUCTIONS

COMPLETE FOLLOW-UP FORM (See below).

ITEMS REQUIRING FURTHER INTERVENTION:

CONTACT PHYSICIAN FOR:

01 Unfilled prescriptions
02 Questions on medications

CONTACT SCHEDULER FOR:

01 Follow-up appointment

CONTACT NURSE FOR:

01 Questions on diet, activity
02 Further evaluation of worsening symptoms
03 Follow-up on weight monitoring