



## Target: Heart Failure Discharge Criteria for Patients Hospitalized With Heart Failure

## Recommended for all heart failure patients:

| □ Precipitating and exacerbating factors addressed            | □ Dietary sodium restriction and adherence  |
|---|---|
| □ Transition from intravenous to oral diuretic successfully   | □ Recommended activity level  |
| □ At least near optimal volume status achieved                | □ Monitoring of daily weights   |
| □ At least near optimal pharmacologic therapy for heart       | □ Plan to reassess volume status early after discharge                                |
| □ Stable renal function and electrolytes within normal range  | $\hfill\Box$<br>Plan to monitor electrolytes and renal function early after discharge |
| □ No symptomatic supine or standing hypotension               | □ Plan to titrate heart failure medications to target dose, if                        |
| □ Patient and family education completed                      | □ Plan to reinforce patient and family education post                                 |
| □ Details regarding medications and medication reconciliation | □ Follow-up clinic visit scheduled within 7 days of hospital discharge                |
| □ Need for medication adherence                               | □ Follow-up phone call scheduled  |

## Should be considered for patients with advanced heart failure or recurrent admissions:

| □ Oral medication regimen stable for at least 24 hours   | □ Careful observation before and after discharge for development of renal dysfunction, electrolyte abnormalities, and symptomatic hypotension             |
|--|---|
| <ul> <li>□ No intravenous vasodilator or inotropic agent for at least</li> <li>24 hours</li> </ul> | □ Plans for more intensive post-discharge management (scale present in home, visiting nurse or telephone follow up no longer than 3 days after discharge) |
| □ Ambulation before discharge to assess functional   | □ Referral for formal heart failure disease management  |

This is a general algorithm to assist in the management of patients. This clinical tool is not intended to replace individual medical judgment or individual patient needs.

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TAKING THE FAILURE OUT OF HEART FAILURE

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