

# HEART FAILURE

## Nursing Care Plans

Evidence-Based · NANDA-I Aligned · 6 Complete Care Plans

01

### Decreased Cardiac Output

*Hemodynamic monitoring, medication management, activity pacing*

02

### Excess Fluid Volume

*Diuresis monitoring, fluid restriction, daily weights, edema assessment*

03

### Activity Intolerance

*Graded exercise, energy conservation, dyspnea management*

04

### Impaired Gas Exchange

*Oxygenation, respiratory assessment, positioning interventions*

05

### Deficient Knowledge

*Medication education, dietary compliance, symptom recognition*

06

### Anxiety / Fear

*Psychosocial support, breathing techniques, coping strategies*

These care plans are developed in alignment with NANDA International taxonomy, ACC/AHA Heart Failure Guidelines, and current evidence-based nursing practice. Individualize all interventions to the patient's clinical presentation, NYHA class, and institutional protocols.

## Decreased Cardiac Output

NANDA-I: Decreased Cardiac Output (Domain 4, Class 4)

### PATIENT INFORMATION

Patient Name:		Date of Birth:		MRN:	
Admission Date:		Cardiologist / MD:		NYHA Class:	
Primary Dx:		Ejection Fraction (EF):		Code Status:	
Allergies:		Ward / Unit:		Nurse:	

### NURSING DIAGNOSIS STATEMENT

Diagnosis Label:	Decreased Cardiac Output	Related To:	
As Evidenced By:		Type:	<input type="checkbox"/> Actual <input type="checkbox"/> Risk

### ASSESSMENT FINDINGS

Subjective Data	Objective Data	Vital Signs on Assessment
Fatigue, weakness Dyspnea on exertion Orthopnea / PND Chest discomfort Dizziness	Tachycardia Hypotension / narrow PP Cool clammy skin Crackles on auscultation S3 gallop / murmur JVD, peripheral edema	BP: _____ HR: _____ SpO2: _____ MAP: _____

### PATIENT OUTCOMES / GOALS

Short-Term Goal (24–48 hrs)	Long-Term Goal (By Discharge)
Patient will maintain hemodynamic stability: HR 60-100 bpm, SBP >90 mmHg, MAP >65 mmHg, SpO2 >94% on prescribed O2.	Patient will demonstrate improved cardiac output as evidenced by adequate urine output (>0.5 mL/kg/hr), absence of crackles, and improved activity tolerance prior to discharge.

### NURSING INTERVENTIONS & RATIONALE

Priori					
--------	--	--	--	--	--

HIGH	Monitor and document VS, cardiac rhythm, urine output, mental status q1–4h. Report MAP <65 or HR >120.	<i>Early detection of hemodynamic compromise allows prompt intervention to prevent cardiogenic shock.</i>	q1-4h		
HIGH	Administer cardiac medications as ordered: ACE inhibitors, beta-blockers, diuretics, digoxin, vasodilators.	<i>Medications reduce preload/afterload, improve contractility, and slow disease progression.</i>	Per Rx		
HIGH	Position patient in semi-Fowler's (HOB 30-45 degrees). Elevate legs only if no edema/fluid overload.	<i>Reduces myocardial workload and improves venous return and diaphragm excursion.</i>	Ongoing		
MED	Administer supplemental O2 to maintain SpO2 >94%. Prepare for NIV/CPAP if ordered.	<i>Adequate oxygenation reduces myocardial ischemia and compensatory tachycardia.</i>	PRN		
MED	Implement activity restriction. Provide ADL assistance. Schedule care to allow uninterrupted rest periods.	<i>Reducing metabolic demand decreases cardiac workload during acute decompensation.</i>	Cont.		
LOW	Maintain IV access. Record accurate I&O.; Fluid restriction per order (typically 1.5–2 L/day in decompensated HF).	<i>Fluid management prevents volume overload and reduces preload on failing ventricle.</i>	Daily		

### EVALUATION / REASSESSMENT

Date/Time	Goal Status	Clinical Findings	Plan	RN
	<input type="checkbox"/> Met <input type="checkbox"/> Partial <input type="checkbox"/> Not Met	_____ _____ _____	<input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discontinue	
	<input type="checkbox"/> Met <input type="checkbox"/> Partial <input type="checkbox"/> Not Met	_____ _____ _____	<input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discontinue	

<b>RN Signature:</b>		<b>Credentials:</b>		<b>Date:</b>		<b>Time:</b>	
----------------------	--	---------------------	--	--------------	--	--------------	--

## Excess Fluid Volume

NANDA-I: Excess Fluid Volume (Domain 2, Class 5)

### PATIENT INFORMATION

Patient Name:		Date of Birth:		MRN:	
Admission Date:		Cardiologist / MD:		NYHA Class:	
Primary Dx:		Ejection Fraction (EF):		Code Status:	
Allergies:		Ward / Unit:		Nurse:	

### NURSING DIAGNOSIS STATEMENT

Diagnosis:	Excess Fluid Volume	Related To:	
AEB:		Type:	<input type="checkbox"/> Actual <input type="checkbox"/> Risk

### DAILY WEIGHT & FLUID BALANCE LOG

Date	Change			Edema		

**ALERT:** Notify physician if weight gain >1 kg in 24 hours or >2 kg in 48 hours, or if patient develops worsening dyspnea, new crackles, or decreased SpO2.

### NURSING INTERVENTIONS & RATIONALE

Priority	Intervention	Rationale	Freq	Init
HIGH	Weigh patient daily at same time, same scale, same clothing before breakfast.	Daily weight is the most sensitive indicator of fluid retention in HF; 1 L fluid = ~1 kg.	Daily	

HIGH	Administer diuretics as ordered (furosemide, torsemide, spironolactone). Monitor response: urine output >0.5 mL/kg/hr within 2h of IV dose.	<i>Diuretics promote renal excretion of excess sodium and water, reducing preload.</i>	Per Rx	
HIGH	Restrict sodium intake to <2 g/day and fluid intake per order (typically 1.5-2 L/day). Include all IV fluids in calculations.	<i>Sodium restriction limits osmotic fluid retention; fluid restriction prevents overload.</i>	Cont.	
MED	Assess for edema (peripheral, sacral, periorbital). Grade 0-4+. Assess JVD, hepatojugular reflux, abdominal distension.	<i>Systematic edema assessment tracks fluid overload progression and treatment response.</i>	q8h	
MED	Monitor BMP/electrolytes, BUN, creatinine, and eGFR per order. Report K+ <3.5 or >5.5 mEq/L immediately.	<i>Diuretics can cause electrolyte imbalances; hypokalemia increases risk of dysrhythmia.</i>	Daily	
LOW	Elevate lower extremities when resting (unless contraindicated). Apply compression stockings if ordered.	<i>Elevation promotes venous return and reduces dependent edema through gravitational forces.</i>	PRN	

## EVALUATION

Date/Time	Goal Status	Findings & Response to Diuresis	Plan	RN
	<input type="checkbox"/> Met <input type="checkbox"/> Partial <input type="checkbox"/> Not Met	<hr/> <hr/> <hr/>	<input type="checkbox"/> Continue <input type="checkbox"/> <input type="checkbox"/> Modify <input type="checkbox"/> <input type="checkbox"/> Discontinue	
	<input type="checkbox"/> Met <input type="checkbox"/> Partial <input type="checkbox"/> Not Met	<hr/> <hr/> <hr/>	<input type="checkbox"/> Continue <input type="checkbox"/> <input type="checkbox"/> Modify <input type="checkbox"/> <input type="checkbox"/> Discontinue	

<b>RN Signature:</b>		<b>Credentials:</b>		<b>Date:</b>		<b>Time:</b>	
----------------------	--	---------------------	--	--------------	--	--------------	--

## Activity Intolerance

NANDA-I: Activity Intolerance (Domain 4, Class 4)

### PATIENT INFORMATION

Patient Name:		Date of Birth:		MRN:	
Admission Date:		Cardiologist / MD:		NYHA Class:	
Primary Dx:		Ejection Fraction (EF):		Code Status:	
Allergies:		Ward / Unit:		Nurse:	

### NURSING DIAGNOSIS STATEMENT

Diagnosis:	Activity Intolerance	Related To:	
AEB:		NYHA Class:	[ ] I [ ] II [ ] III [ ] IV

### ACTIVITY PROGRESSION LOG

Date								

### NURSING INTERVENTIONS & RATIONALE

Priorit	Intervention	Rationale	Freq	Init
HIGH	Assess exercise tolerance: monitor HR, RR, SpO2, BP before/during/after activity. Stop activity if HR >120, SpO2 <90%, systolic BP drops >20 mmHg, or severe dyspnea.	Objective parameters guide safe activity progression and detect hemodynamic compromise.	Each activity	
HIGH	Implement a graduated activity program. Begin with dangling at bedside, then standing, short walks with assistance, progressing as tolerated per cardiac rehab protocol.	Graded exercise prevents deconditioning while reducing risk of cardiac events.	Daily	

MED	Teach energy conservation techniques: pacing activities, prioritizing tasks, sitting during ADLs (e.g., showering on a shower chair).	<i>Energy conservation reduces myocardial oxygen demand while preserving patient independence.</i>	Daily	
MED	Plan rest periods between care activities. Cluster nursing care to minimize disruptions.	<i>Adequate rest allows myocardial recovery between exertions and reduces cumulative fatigue.</i>	Cont.	
LOW	Refer to cardiac rehabilitation program. Provide information on outpatient programs.	<i>Cardiac rehab reduces readmission rates, improves exercise capacity and quality of life in HF.</i>	Before DC	

## EVALUATION

Date/Time	Goal Status	Activity Response Notes	Plan	RN
	<input type="checkbox"/> Met <input type="checkbox"/> Partial <input type="checkbox"/> Not Met	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Continue <input type="checkbox"/> <input type="checkbox"/> Modify <input type="checkbox"/> <input type="checkbox"/> Discontinue	
	<input type="checkbox"/> Met <input type="checkbox"/> Partial <input type="checkbox"/> Not Met	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Continue <input type="checkbox"/> <input type="checkbox"/> Modify <input type="checkbox"/> <input type="checkbox"/> Discontinue	

<b>RN Signature:</b>		<b>Credentials:</b>		<b>Date:</b>		<b>Time:</b>	
----------------------	--	---------------------	--	--------------	--	--------------	--

## Impaired Gas Exchange

NANDA-I: Impaired Gas Exchange (Domain 3, Class 4)

### PATIENT INFORMATION

Patient Name:		Date of Birth:		MRN:	
Admission Date:		Cardiologist / MD:		NYHA Class:	
Primary Dx:		Ejection Fraction (EF):		Code Status:	
Allergies:		Ward / Unit:		Nurse:	

### NURSING DIAGNOSIS STATEMENT

Diagnosis:	Impaired Gas Exchange	Related To:	
AEB:		Type:	<input type="checkbox"/> Actual <input type="checkbox"/> Risk

### RESPIRATORY MONITORING LOG

Time								

### NURSING INTERVENTIONS & RATIONALE

Priorit	Intervention	Rationale	Freq	Init
HIGH	Assess respiratory status q2-4h: rate, depth, rhythm, adventitious sounds (crackles, wheezing). Monitor SpO2 continuously. Notify MD if SpO2 <90% on current O2.	<i>Pulmonary edema from HF impairs alveolar gas exchange; early detection prevents respiratory failure.</i>	q2-4h	
HIGH	Administer O2 therapy as ordered. Titrate to maintain SpO2 94-98%. Avoid high-flow O2 in COPD patients (target 88-92%). Prepare NIV/BiPAP if ordered.	<i>Supplemental O2 corrects hypoxemia and reduces compensatory tachycardia and myocardial stress.</i>	Cont.	

HIGH	Elevate HOB 30-45 degrees or higher per patient comfort. Support arms with pillows. Allow patient to sit upright / orthopneic position if needed.	<i>Upright positioning reduces diaphragm pressure, improves lung expansion and FRC.</i>	Ongoing	
MED	Assist with turning and deep breathing exercises q2h. Incentive spirometry 10 times/hr while awake.	<i>Prevents atelectasis and mucus pooling; promotes alveolar recruitment and gas exchange.</i>	q2h	
MED	Monitor ABG results and report: pH <7.35 or >7.45, PaO2 <60 mmHg, PaCO2 >45 mmHg, HCO3 outside 22-26 mEq/L.	<i>ABGs provide objective data on ventilation and acid-base status guiding O2 therapy decisions.</i>	Per order	

**EVALUATION**

Date/Time	Goal Status	Respiratory Assessment Notes	Plan	RN
	<input type="checkbox"/> Met <input type="checkbox"/> Partial <input type="checkbox"/> Not Met	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Continue <input type="checkbox"/> <input type="checkbox"/> Modify <input type="checkbox"/> <input type="checkbox"/> Discontinue	
	<input type="checkbox"/> Met <input type="checkbox"/> Partial <input type="checkbox"/> Not Met	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Continue <input type="checkbox"/> <input type="checkbox"/> Modify <input type="checkbox"/> <input type="checkbox"/> Discontinue	

<b>RN Signature:</b>		<b>Credentials:</b>		<b>Date:</b>		<b>Time:</b>	
----------------------	--	---------------------	--	--------------	--	--------------	--

## Deficient Knowledge: Heart Failure Self-Management

NANDA-I: Deficient Knowledge (Domain 5, Class 4)

### PATIENT INFORMATION

Patient Name:		Date of Birth:		MRN:	
Admission Date:		Cardiologist / MD:		NYHA Class:	
Primary Dx:		Ejection Fraction (EF):		Code Status:	
Allergies:		Ward / Unit:		Nurse:	

### NURSING DIAGNOSIS STATEMENT

<b>Diagnosis:</b>	Deficient Knowledge: HF Self-Management	<b>Related To:</b>	
<b>AEB:</b>		<b>Learner Type:</b>	<input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Caregiver

### HEART FAILURE EDUCATION CHECKLIST

Topic	Taught					
<b>MEDICATIONS</b>						
Purpose, dose, timing of each cardiac medication	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
When to take diuretics (morning dose to avoid nocturia)	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Signs of digoxin toxicity (if applicable)	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Never skip beta-blocker or ACE inhibitor without MD guidance	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
OTC medications to avoid: NSAIDs, decongestants	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
<b>DIET &amp; FLUID</b>						

Sodium restriction: <2 g/day — read food labels	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> ] N/A		
Fluid restriction: per MD order (document all fluids including IV)	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> ] N/A		
Foods high in sodium to avoid: processed foods, canned soups, fast food	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> ] N/A		
Alcohol restriction / avoidance	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> ] N/A		
Potassium-rich foods if on loop diuretics	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> ] N/A		
<b>SELF-MONITORING</b>						
Daily weights: same time, scale, clothing — before breakfast after voiding	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> ] N/A		
When to call MD: weight gain >1 kg/day or >2 kg in 48 hours	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> ] N/A		
Ankle / leg swelling: report worsening	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> ] N/A		
Shortness of breath at rest or with minimal exertion	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> ] N/A		
When to call 911: severe chest pain, syncope, acute SOB	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> ] N/A		
<b>ACTIVITY</b>						

Cardiac rehabilitation referral and benefits	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Energy conservation strategies	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Sexual activity guidelines post-discharge	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Return to work / driving guidance per MD	<input type="checkbox"/>	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo	<input type="checkbox"/> Yes <input type="checkbox"/> Needs repeat	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		

### EVALUATION

Date/Time	Goal Status	Education Response Notes	Plan	RN
	<input type="checkbox"/> Met <input type="checkbox"/> Partial <input type="checkbox"/> Not Met	_____ _____ _____	<input type="checkbox"/> Continue <input type="checkbox"/> Modify <input type="checkbox"/> Discharge ready	

<b>RN Signature:</b>		<b>Credentials:</b>		<b>Date:</b>		<b>Time:</b>	
----------------------	--	---------------------	--	--------------	--	--------------	--

### PATIENT INFORMATION

Patient Name:		Date of Birth:		MRN:	
Admission Date:		Cardiologist / MD:		NYHA Class:	
Primary Dx:		Ejection Fraction (EF):		Code Status:	
Allergies:		Ward / Unit:		Nurse:	

### NURSING DIAGNOSIS STATEMENT

Diagnosis:	Anxiety / Fear	Related To:	
AEB:		Anxiety Level:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Panic

### PSYCHOSOCIAL ASSESSMENT

Assessment Domain	Finding / Score	Assessment Domain	Finding / Score
GAD-7 Anxiety Score:	_____	PHQ-9 Depression Score:	_____
Expressed fears:	_____	Coping mechanisms used:	_____
Social support:	_____	Previous psychiatric Hx:	_____
Sleep quality (0-10):	_____	Spiritual / religious needs:	_____

### NURSING INTERVENTIONS & RATIONALE

Priorit	Intervention	Rationale	Freq	Init
HIGH	Establish therapeutic relationship. Use calm, reassuring communication. Acknowledge patient's fears as valid. Avoid minimizing concerns.	<i>Trust and therapeutic alliance reduces perceived threat and activates parasympathetic response.</i>	Ongoing	
HIGH	Provide clear, simple explanations of HF diagnosis, treatment plan, and prognosis. Use teach-back to confirm understanding. Involve family with consent.	<i>Lack of information is a major anxiety driver; education reduces uncertainty and restores sense of control.</i>	Each interaction	

MED	Teach and reinforce non-pharmacological anxiety management: 4-7-8 breathing, progressive muscle relaxation, guided imagery.	<i>Controlled breathing activates the parasympathetic nervous system and reduces physiological anxiety response.</i>	Daily	
MED	Encourage patient/family participation in care planning and decision-making. Provide written materials. Minimize environmental stressors (noise, light).	<i>Active participation increases sense of control; reducing stimuli lowers sympathetic nervous system activation.</i>	Daily	
MED	Assess for clinical depression. Consult social work, chaplaincy, or psychiatry as indicated. Administer anxiolytics/antidepressants if ordered.	<i>Comorbid depression affects &gt;40% of HF patients and worsens prognosis; early referral improves outcomes.</i>	Per assessment	
LOW	Connect patient with HF support groups and peer support programs before discharge.	<i>Peer support reduces isolation, improves coping self-efficacy, and reduces readmission rates.</i>	Before DC	

## EVALUATION

Date/Time	Goal Status	Psychosocial Response Notes	Plan	RN
	<input type="checkbox"/> Met <input type="checkbox"/> Partial <input type="checkbox"/> Not Met	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Continue <input type="checkbox"/> <input type="checkbox"/> Modify <input type="checkbox"/> <input type="checkbox"/> Discontinue	
	<input type="checkbox"/> Met <input type="checkbox"/> Partial <input type="checkbox"/> Not Met	<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Continue <input type="checkbox"/> <input type="checkbox"/> Modify <input type="checkbox"/> <input type="checkbox"/> Discontinue	

<b>RN Signature:</b>		<b>Credentials:</b>		<b>Date:</b>		<b>Time:</b>	
----------------------	--	---------------------	--	--------------	--	--------------	--

## Heart Failure Discharge Planning Summary

NANDA-I: Transition of Care & Patient Safety Checklist

### PATIENT INFORMATION

Patient Name:		Date of Birth:		MRN:	
Admission Date:		Cardiologist / MD:		NYHA Class:	
Primary Dx:		Ejection Fraction (EF):		Code Status:	
Allergies:		Ward / Unit:		Nurse:	
Discharge Date:		Discharge Destination:			
Transport Method:		Follow-up Appt (within 7 days):			

### DISCHARGE READINESS CHECKLIST

Domain				
<b>CLINICAL</b>				
	Hemodynamically stable (HR, BP, SpO2 within target range)	<input type="checkbox"/> Yes		
	Fluid status optimized — no active signs of decompensation	<input type="checkbox"/> Yes		
	Oral medications tolerated and therapeutic levels achieved	<input type="checkbox"/> Yes		
	Weight stable for 24-48 hours prior to discharge	<input type="checkbox"/> Yes		
<b>MEDICATIONS</b>				
	Discharge medication reconciliation completed	<input type="checkbox"/> Yes		
	Prescription(s) given to patient / sent to pharmacy	<input type="checkbox"/> Yes		
	Medication schedule reviewed with patient and caregiver	<input type="checkbox"/> Yes		
	Patient can identify each medication, purpose, and side effects	<input type="checkbox"/> Yes		
<b>EDUCATION</b>				
	HF education booklet / handout provided	<input type="checkbox"/> Yes		
	Daily weight log / scale available at home	<input type="checkbox"/> Yes		
	Sodium/fluid restriction instructions reviewed	<input type="checkbox"/> Yes		
	Warning signs reviewed — when to call MD vs 911	<input type="checkbox"/> Yes		
	Emergency contact numbers provided	<input type="checkbox"/> Yes		
<b>FOLLOW-UP</b>				
	Follow-up appointment scheduled within 7 days of discharge	<input type="checkbox"/> Yes		
	Cardiology / HF clinic referral placed if applicable	<input type="checkbox"/> Yes		

	Cardiac rehabilitation referral placed	<input type="checkbox"/> Yes		
	Home health nursing referral placed if indicated	<input type="checkbox"/> Yes		
	Telemonitoring / remote monitoring program enrolled	<input type="checkbox"/> Yes		

### PATIENT RED FLAGS — WHEN TO SEEK EMERGENCY CARE

<b>CALL 911 IMMEDIATELY:</b>	Severe chest pain or pressure · Sudden severe shortness of breath at rest · Fainting or loss of consciousness · Rapid or irregular heart rate with dizziness
<b>CALL YOUR DOCTOR / HF CLINIC:</b>	Weight gain >1 kg in one day or >2 kg in two days · Increased swelling in legs, ankles, or feet · Worsening shortness of breath · New or worsening cough · Decreased urine output · Dizziness, lightheadedness, or confusion

### DISCHARGE AUTHORIZATION & SIGNATURES

<b>Discharging RN:</b>	_____	<b>Date/Time:</b>	_____
<b>MD / NP Signature:</b>	_____	<b>Date/Time:</b>	_____
<b>Patient / Guardian Signature (Consent):</b>	_____	<b>Date/Time:</b>	_____