

_____ NAME HF DR _____
_____ INS _____

DISCHARGE DISPOSITION _____

COMFORT MEASURES (LOOK IN CONSENTS) DAY 0-1 ____ DAY 2 OR MORE ____ UTD ____

DATE OF ECHO: _____

EF LESS THAN 40% Y / N _____

ACEI PRESCRIBED AT DISCHARGE Y / N

REASON NOT PRESCRIBED AT DISCHARGE Y / N

ARB PRESCRIBED AT DISCHARGE Y / N

REASON NOT PRESCRIBED AT DISCHARGE Y / N

HISTORY OF SMOKING Y / N

SMOKING CESSATION COUNSEL GIVEN Y / N

DISCHARGE INSTRUCTIONS:

ACTIVITY LEVEL YES ____ NO ____

DIET/FLUID YES ____ NO ____

MEDICATIONS YES ____ NO ____

FOLLOW UP WITH PHYSICIAN YES ____ NO ____

SYMPTOMS WORSENING YES ____ NO ____

WEIGHT MONITORING YES ____ NO ____

DISCHARGE SUMMARY DICTATED Y/N

CHECK FOR DISCHARGE SUMMARY – DATE: _____