



FOCUSED DISCHARGE HANDOFF

Name _____ Age _____ MRN _____ Date of Discharge ____/____/____ Days in hospital _____

HF TYPE: HFrEF HFpEF Mid-range HFrEF with improved EF **HF ETIOLOGY:** Ischemic Non-ischemic Infiltrative Other
Last LVEF _____ Hospital Triggers _____
Arrhythmia history AF VT OTHER _____ Device Type _____

CONDITION AT DISCHARGE:

D/C BP: Sitting ____/____ Standing ____/____ **HR_Rhythm** Sinus Afib paced sinus paced AFib freq PVCs freq PACs **Congestion** at D/C? Yes No
Edema (0-4+) ____ **JVP** ____ **Orthopnea** Yes No **Rales** none ¼ ½ wheezes pl eff **Ascites** Yes No **Liver** _____ cm
Weight at D/C ____ lbs Admission weight ____ lbs **Est target weight** ____ lbs **If still wet, limited by**
 Dominant right heart failure Renal failure Hypotension Excessive fluid in hospital Frequent readmission pattern Other _____
Biomarkers: Admit BNP ____ or NT proBNP ____ Troponin ____ Discharge BNP (if known) ____ or NT proBNP ____
Kidney Function: Discharge BUN/Cr _____ Worst in hospital _____ Baseline Cr (if known) _____
Comorbidities: _____
Psychosocial Factors: _____
Other hospital events: Code Sepsis Dialysis intubation IV inotropes used? Yes No Type: _____
Code Status: Full code Full code but recent discussions DNR/DNI DNI only **Needs discussion**

DISCHARGE HF MEDICATIONS:

DIURETIC: Loop type _____, Dose _____ mg/day. Metolazone _____ mgs, _____ (frequency or prn).
Triggers for rescue dose: If ____ lbs up, or _____ (sentinel symptoms)
Rescue dose _____ orally, and / or metolazone _____ mg for _____ days before recheck
In hospital effective loop dose _____ mgs IV daily BID TID drip at _____ mg/hr Metolazone used? Yes No
K+ replacement _____ mEq / day _____ Plan for K+ with rescue dose? Yes No

GUIDELINE DIRECTED MEDICAL THERAPY (For history EF < 40 only):

RAS meds: ACEI ____ mg/day ARB ____ mg/day ARNI ____ mg/day _____ Dose decrease in hospital? Yes No
If none or dose decrease, why? Hypotension orthostasis/dizzy worsening renal fx hyperkalemia angioedema cough other _____
→ Is there a PLAN for outpatient increase or initiation? Yes No
Beta blocker: _____ mg/day Dose decrease in hospital? Yes No
If not, or dose decrease, reason? Hypotension bradycardia worsening renal function hyperkalemia fatigue other _____
→ Is there a PLAN for outpatient increase or initiation? Yes No
Spirolactone or eplerenone Yes No if not, why Hypotension worsening renal function hyperkalemia
Other HF meds: Digoxin started continued stopped Ivabradine started continued stopped
Hydral/Iso started continued stopped
Anticoagulation for AF DVT/PE Mech valve hx embolism LV thrombus with Warfarin Apixaban Rivaroxaban Other DOAC
Antiplatelet for ACS PCI CAD stroke/TIA with ASA clopidogrel ticagrelor prasugrel Any hx bleeding? Yes No
Antiarrhythmic medications Amiodarone Dofetilide Sotalol Mexilitene Other _____
See patient discharge document and full discharge summary for complete med list

FOLLOW-UP: Discharge follow-up team _____, Appointment date and time _____
Home Health referrals (visiting nurses, PT, home infusion) _____
Post-discharge labs: Will be drawn at: _____ Results sent to: _____
HF medication refills to _____
For worsening heart failure, contact _____ Phone Number _____
For non-cardiac issues, contact _____ Phone Number _____
Rhythm device follow-up _____
Other care providers _____
Is additional support needed for optimal care? _____