Figure 14

Consider the key components listed in this checklist to guide the first post-discharge visit to reassess clinical status, review medications, provide additional education, and address issues that may lead to worsening HF.

☐ **History**
- Discharge summary reviewed.
- Etiology of cardiomyopathy identified.
- Precipitant of exacerbation identified.
- Heart failure compensated?
  - – NYHA class.
  - – Weight log reviewed?
  - – Symptoms reviewed?
- Important concomitant disease states
  - – CKD
  - – Diabetes
  - – Hypertension
  - – COPD
  - – OSA
  - – Others

☐ **Physical Exam**
- Vital signs
- BMI
- Orthostatic blood pressure
- Jugular venous distention
- Rales +/–
- “cold/warm”, “wet/dry” profile
- S3 present/absent

☐ **Diagnostic Testing**
- Basic metabolic panel
- Complete blood count
- BNP or NT pro-BNP
- Liver function panel (per discretion of clinician)
- High Sensitivity Troponin, sST2, Gal3 (per discretion of clinician)
- 12 lead ECG
- Chest X-Ray (per discretion of clinician)
- Review LVEF (___%). If not available, obtain TTE
- Follow-up EF:
  - – 40-days post MI
  - – 3-months post NICM
- Ischemia Evaluation Needed?

☐ **Medications**
- Comprehensive medication reconciliation
- Beta-blocker?
  - – Dose optimized?
- ACE-I/ARB/ARNI
  - – Dose optimized?
  - – Contra-indication to ARNI?
- Aldosterone antagonist
  - – Dose optimized?
- Diuretics?
  - – Dose adjustment?
- Ivabradine? (Consider initiation if heart rate remains elevated despite beta blocker optimization)

☐ **Interventional Therapies (if applicable)**
- Revascularization
- CRT
- ICD
- Valvular intervention

☐ **Patient Education**
- Importance of adherence
- Medication education
- Dietary education
- Activity education
- Smoking cessation
- Cessation in alcohol consumption
- Follow-up appointment scheduled

☐ **Consultations**
- Home health services
- Cardiac rehab referral
- Advanced heart failure clinic referral
- Palliative/hospice referral

AMERICAN COLLEGE *of* CARDIOLOGY