

Congestive Heart Failure (CHF) Discharge Instructions

Patient Name: _____ **Discharge Date:** _____ **Time:** _____

After you leave the hospital, you should follow these instructions until you visit and/or talk with your doctor. If an unusual medical problem comes up or your symptoms get worse, contact your doctor immediately.

DIET

- ☐ Regular ☐ Low Salt ☐ Low Fat ☐ Restricted Fluid ☐ Diabetic ☐ Other
☐ Patient given copy of diet ☐ Patient and/or caregiver states understanding of diet

ACTIVITY AND EXERCISE

- ☐ No restrictions ☐ Resume normal activities as tolerated ☐ Up with assistance only
☐ Up with: ☐ Cane ☐ Walker ☐ Crutches ☐ Wheelchair ☐ Bed rest ☐ No heavy lifting

WEIGHT MONITORING

- Weigh yourself first thing in the morning after you empty your bladder • Use same scale • Wear same amount of clothing
- Write your height down on your chart • Call your doctor if you have more than a 3-5 pound weight gain in a week
- Limit fluid intake as directed by your doctor

Medicine	Dose	How Taken	Time/Times	Special Instructions

FOLLOW-UP APPOINTMENTS AND REFERRALS (Please call and confirm the following date and time):

Who	Telephone #	Date	Time	Where
<input type="checkbox"/> Doctor				
<input type="checkbox"/> Doctor				
<input type="checkbox"/> Home-Health				
<input type="checkbox"/> Cardiac Rehabilitation				
<input type="checkbox"/> Physical Therapy				
<input type="checkbox"/> Other:				

- ☐ If you did not receive an appointment date or time with your doctor or referrals, it is up to you to call your doctor's office and/or referral's office to make an appointment that is convenient for you.

SYMPTOMS

If any of your following symptoms start or get worse, contact your doctor as soon as possible:

- Shortness of breath • Chest pain • Cough • Swelling of hands, feet and legs
- Palpitations – sudden fast heart beats • Decreased urine output

☐ I have received a copy of the heart failure educational material Take Care of Your Heart.

☐ If I have smoked within the past year, I have received a Smoking Cessation Packet

UNDERSTANDING OF DISCHARGE INSTRUCTIONS: The discharge instructions above were explained to me and/or us. I or we understand these instructions are necessary for the continuing care of patients after they leave the hospital. I also give the hospital permission to release necessary information to the referral agencies. I received a copy of these instructions.

Nurse Signature: _____

Patient/Caregiver Signature: _____