

Target: Heart Failure

Discharge Criteria for Patients Hospitalized With Heart Failure

Recommended for all heart failure patients:

Precipitating and exacerbating factors addressed	Dietary sodium restriction and adherence
Transition from intravenous to oral diuretic successfully	Recommended activity level
At least near optimal volume status achieved	Monitoring of daily weights
At least near optimal pharmacologic therapy for heart failure	Plan to reassess volume status early after discharge
Stable renal function and electrolytes within normal range	Plan to monitor electrolytes and renal function early after discharge
No symptomatic supine or standing hypotension	Plan to titrate heart failure medications to target dose, if appropriate
Patient and family education completed	Plan to reinforce patient and family education post discharge
Details regarding medications and medication reconciliation	Follow-up clinic visit scheduled within 7 days of hospital discharge
Need for medication adherence	Follow-up phone call scheduled

Should be considered for patients with advanced heart failure or recurrent admissions:

Oral medication regimen stable for at least 24 hours	Careful observation before and after discharge for development of renal dysfunction, electrolyte abnormalities, and symptomatic hypotension
No intravenous vasodilator or inotropic agent for at least 24 hours	Plans for more intensive post-discharge management (scale present in home, visiting nurse or telephone follow up no longer than 3 days after discharge)
Ambulation before discharge to assess functional status	Referral for formal heart failure disease management

This is a general algorithm to assist in the management of patients. This clinical tool is not intended to replace individual medical judgment or individual patient needs.

February 2013

TAKING THE FAILURE OUT OF HEART FAILURE

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