<table>
<thead>
<tr>
<th>Day</th>
<th>Admission – Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4 and Discharge</th>
</tr>
</thead>
</table>
| **Expected Outcomes** | □ Pt. starting to diurese  
□ Improved lung sounds  
□ O2 sat > 90% | □ Weight / edema down  
□ Labs within acceptable range  
□ Diuresing continues  
□ Resp.status improves | □ Weight / edema down  
□ Labs within acceptable range  
□ Tolerating increased activity  
□ Resp.status improves | □ Weight / edema down  
□ Labs within acceptable range  
□ Tolerating increased activity  
□ Resp.status improves |
| **Nutrition** | □ ___ Gm Na+ diet  
Previous home restrictions | □ ___ Gm Na+ diet  
Previous home restrictions | □ ___ Gm Na+ diet  
Previous home restrictions | □ ___ Gm Na+ diet  
Previous home restrictions |
| **Test / Treatments** | Foley needed?  
BMP  
CBC  
Dig level if on Dig  
HgA1C if diabetes  
Lipid Profile  
TSH  
PT if on Coumadin  
CXR  
EKG  
ECHO ___ %  
Accurate I&O documented and weights recorded | May d/c foley if present and diuresing decreased  
BMP  
ECHO ____ %  
Accurate I&O documented and weights recorded | BMP  
Accurate I&O documented and weights recorded | BMP  
Accurate I&O documented and weights recorded |
| **Medications** | Saline lock  
ACE Inhibitor / ARB (if not, why not?)  
Aldactone  
Anticoagulant – Heparin / Lovenox  
Beta Blocker (if not, why not?)  
Bowel protocol  
Digoxin po / IV  
Lasix IV  
KCl  
• Reconcile home medications with physician | | | Reconcile discharge medications with physician  
Discharged on ACE / ARB? If not, why not?  
Discharged on Beta Blocker? Coreg / Toprol |
| **Activity** | As per physician order:  
• Bedrest  
• Up with assistance  
• BRP  
• Up ad lib | Progress activity as tolerated | Patient tolerating increased activity?  
Order PT/OT if needed. | |
| **Physical Assessment** | Wt__________  
Ht__________  
Nursing assessments  
K+  
BUN/CR  
Hgb  
BNP  
Pulse ox  
Telemetry | Wt__________  
Nursing assessments  
K+  
BUN/CR  
Hgb  
BNP  
Pulse ox  
Telemetry | Wt__________  
Nursing assessments  
K+  
BUN/CR  
Hgb  
BNP  
Pulse ox  
Telemetry | Wt__________  
Nursing assessments  
K+  
BUN/CR  
Hgb  
BNP  
Pulse ox  
Telemetry  
arrange home O2 if needed  
Telemetry |
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| **Patient Education** | **Confirm consults have seen patient** Begin reviewing discharge instructions with patient:  
- Need to weigh daily at the same time wearing the same amount of clothing  
- Low sodium diet  
- Medications  
- Signs / symptoms when to notify physician  
- Need to keep follow-up appointments  
- Activity restrictions  
**CHF discharge orders and instructions are appropriately placed in patient’s chart**  
Smoking Cessation documented (if applicable) | **Continue to reinforce information:**  
- Need to weigh daily at the same time wearing the same amount of clothing  
- Low sodium diet  
- Medications  
- Signs / symptoms when to notify physician  
- Need to keep follow-up appointments  
- Activity restrictions  
**CHF discharge orders and instructions are appropriately placed in patient’s chart**  
Smoking Cessation documented (if applicable) | Patient able to verbalize understanding of the need for:  
- Weighing daily at the same time wearing the same amount of clothing  
- Low sodium diet  
- Medications  
- Signs / symptoms when to notify physician  
- Need to keep follow-up appointments  
- Activity restrictions  
**CHF discharge orders and instructions are appropriately placed in patient’s chart**  
Smoking Cessation documented (if applicable) |
| **Discharge Planning** | **Care manager to address discharge needs.**  
**Home care___________**  
**Rehab___________**  
**SNF___________** | **Discharge needs addressed / finalized**  
**Home care___________**  
**Rehab___________**  
**SNF___________** | Needs addressed / finalized.  
**Home care / rehab arranged if needed**  
**Transportation arranged**  
**Home O2 set up and patient has tank** |

**Signature __________________**  
**Signature __________________**  
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Memorial Health System  
Memorial Hospital Central