# CHF DISCHARGE INSTRUCTION FORM

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Time of Day</th>
<th>Route</th>
<th>Next Dose Due</th>
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## Activity & Restrictions
1. Avoid intense exercise
2. Space out your activities and rest or stop if any symptoms occur
3. Get plenty of sleep
4. Avoid heavy lifting (for most people this is over 20 pounds)
5. Avoid very hot and very cold temperatures
6. Other:

## Diet
1. Watch salt intake (no more than 1 tsp. of salt per day)
2. Watch your fluid intake (no more than 8 cups per day)
3. Watch your alcohol intake (no more than 1-2 servings per week)
4. Watch your caffeine intake (no more than 1 serving per day)
5. Other:

## Special Instructions - Signs and Symptoms to Report
1. Call your doctor within 8-12 hours if:
   a. 3-4 pound weight gain
   b. New shortness of breath
   c. Wake up with a cough or notice you have constant cough
   d. Increase in weakness or fatigue
   e. Swelling of hands and feet or stomach bloating
2. Call your doctor immediately if:
   a. Chest pain or pressure
   b. Fast Heartbeat
   c. Dizziness, fainting
   d. Any unusual bleeding or bruising

## Safe Effective Use of Medical Equipment
- Non Applicable

## Wound & Dressing Care

## Smoking
If you smoke — Stop. Smoking causes additional injury to your heart.
If you are ready to quit smoking or want more information, discuss this with your physician

## Follow Up - Please Bring This Copy With You
1. Keep all doctor appointments
2. Keep any/all appointments for blood work, tests and studies
   - Call Dr. ____________________ for appointment in ______________ Days/Weeks Phone:
   - Call Dr. ____________________ for appointment in ______________ Days/Weeks Phone:
   - Call Dr. ____________________ for appointment in ______________ Days/Weeks Phone:

## Home Health Follow Up With:
- Immunization Screenings completed: [ ] Yes [ ] No [ ] N/A (Age less than 65)
- Immunizations received pre-discharge: [ ] Pneumovax [ ] Influenza

I have received a copy of the above instructions and understand the information listed:

Patient / Significant Other Signature: ____________________ Relationship:______________________ Date: ____________________

Nurse Signature: ____________________ Date: ____________________

Physician Signature: ____________________ Date: ____________________

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**CHF DISCHARGE INSTRUCTION FORM**

**Hazleton General Hospital**

700 East Broad Street

Hazleton, PA 18201
After you leave the hospital, you should follow these instructions. These instructions are necessary for continuing your medical care.

**Congestive Heart Failure Teaching/Discharge Instructions**

**Medication**
- Make a schedule and take your medicine exactly as instructed.
- Check with your doctor before taking any other medicines including over-the-counter medicines. They may interfere with your heart medicine.

**Diet**
- Watch your salt intake (no more than 1 teaspoon of salt per day).
- Watch your fluid intake (no more than 64 oz (8 cups) per day).
- Watch your alcohol intake (no more than 1 to 2 servings per week).
- Watch your caffeine intake (no more than 1 caffeinated beverage per day).

**Weight**
- Weigh yourself at the same time every day.
- If you gain 3 to 4 pounds within 2 days, call your doctor. You may be holding fluid.

**Activity**
- Avoid intense exercise.
- Space out your activities and rest or stop if any symptoms occur.
- Get plenty of sleep.
- Avoid heavy lifting (for most people this is over 20 pounds).
- Avoid very hot and very cold temperatures.

**Symptoms**
*CALL your doctor WITHIN 8 to 12 hours if:*
- 3 to 4 pound weight gain.
- New shortness of breath.
- Wake up with a cough or notice you have a constant cough.
- Increase weakness or fatigue.
- Swelling of hands and feet or stomach bloating.

*CALL your doctor IMMEDIATELY if:*
- Chest pain or pressure.
- Fast heartbeat.
- Dizziness, fainting.
- Any unusual bleeding or bruising.

**Follow-up**
- Keep all doctors appointments.
- Keep any/all appointments for blood work, tests and studies.

**If you smoke --- STOP.** Smoking causes additional injury to your heart. If you are ready to quit smoking or want more information, discuss this with your physician.

☐ Copy given to patient ☐ CHF educational booklet given to patient