EDUCATION TO PATIENT/FAMILY/CAREGIVER THAT IS CULTURALLY APPROPRIATE DELIVERED VERBALLY AND IN WRITTEN FORM

☐ Current meds
- Dose/frequency
- Indication
- Potential side effects
- Potential adherence issues

☐ Activity level

☐ Dietary sodium restriction _____mg/day

☐ Fluid restriction ☐ Yes _____L/day or ☐ No_____

☐ Daily weight monitoring
- Has scale ☐ Yes ☐ No
- Logbook ☐ Yes ☐ No

☐ Assessment for peripheral edema

☐ Smoking cessation counseling for current or recent smokers

☐ Substance use counseling, if applicable

☐ List of warning signs of decompensation

☐ What to bring to each outpatient appointment
- List of meds
- Recordings of daily weights

☐ Who to call for increased weight / worsening symptoms / ICD discharge

_____

☐ Plans for continuation of care
- Cardiologist follow-up appointment _____/_____/_____
- Primary care follow-up appointment _____/_____/_____
- HF disease management program _____/_____/_____
- Cardiac rehabilitation _____/_____/_____
- Anticoagulation services follow-up, if applicable _____/_____/_____

AFFIX PATIENT LABEL HERE:

Issued by: _____

Date / Time _____