

HEART FAILURE PATIENT CHECKLIST

Precipitant Factors:

Probable cause(s) of the current episode of Heart Failure:

- Ate too much salt (sodium)
- Consumed too many fluids
- Did not take medications as prescribed
- Unable to take daily weights or limited on self-care
- Lack of support system
- Other (please describe why so that your care team came come up with solutions to help you:

_____.

Underlying condition(s) leading to Heart Failure:

- Reduced EF (heart doesn't pump adequately)
- Diastolic dysfunction (heart doesn't fill properly)
- Heart valve issue(s)
- Kidney failure / disorder
- Other : _____

Ejection Fraction (EF):

- EF is _____ %. (Normal EF is 55-70%).

Use the "Heart Failure Daily Management Self-Evaluation Checklist" (on the back cover of this booklet) EVERY DAY.

Intake/Output and Daily Weights:

- A "Daily Weight / Blood Pressure / Blood Sugar" tracking form is included in this booklet

Medications: It is CRITICAL that all medications be taken as directed. Failure to take medications as directed can lead to another Heart Failure episode (emergency). The following medications are currently prescribed:

- Beta blockers: These medications are useful to slow heart rate, decrease blood pressure and/or reduce the work load of the heart.
- ACE Inhibitor/ ARB / ARNI medications: are useful in the treatment of hypertension and even the treatment of heart failure. They are known to make the heart pump more effectively.
- Aspirin: Aspirin is considered to be an anti-platelet, and prevents small cell fragments from sticking together and forming a clot.
- Diuretics: These medications are effective in removing excess fluids from the body and lungs. (This extra fluid is what causes swelling of legs / abdomen and shortness of breath). Diuretics cause an increase in the need to urinate.

Discharge Planning and Follow Up: It is critical to not miss doctor appointments. Missing doctor appointments can lead to additional heart failure episodes and the need for emergency trips to the hospital.

- **Cardiology Appointment.** This appointment is to monitor your heart health. It is ideal to get this appointment within 7-14 days of discharge.
Date and Time of Appointment: _____.
- **Primary Care Appointment.** This appointment is intended to communicate your recent hospital stay and updated medications to your primary care provider. This appointment is ideally set within 14-30 days of your hospital stay.
Date and Time of Appointment: _____.

Cardiac Rehab:


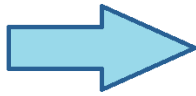
- If you are scheduled for Cardiac Rehab, the appointment should be scheduled before going home from the hospital. The Cardiac Rehab Center is located in the Medical Arts Building, located on the hospital campus
The phone number is 352-228-4340
Date and Time of Appointment: _____.

Education: Heart Failure is almost always a non-curable condition, but if managed properly, your quality of life will be better and the need for future hospital visits can be reduced.

Please review the contents of this booklet and be sure to ask any questions you may have. Your doctor, nurse, and the hospital’s cardiovascular coordinator are here to answer your questions.

You can access Bayfront Hospital’s “Heart Failure Resources” website by going to this web address: www.HeartFailureResources.com - or - scan the QR Code below with the camera of your Smartphone or other electronic device. The HEART FAILURE PATIENT RESOURCES provides the latest materials and tools to help you maintain your health.

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Cardiovascular Education Resources
Heart Failure Patient Resources

Once diagnosed with Heart Failure, it is usually a LIFELONG, INCURABLE condition that must be WRITTEN MATERIAL to help Patients, their Families and Caregivers with managing Heart Failure

Tools for Understanding and Managing Heart Failure:
[CLICK HERE for "UNDERSTANDING HEART FAILURE"](#)
[CLICK HERE for HEART FAILURE MANAGEMENT TOOLS](#)
[CLICK HERE to access "My HF Guide," a FREE, interactive reso](#)
[CLICK HERE for Heart Failure Management Smartphone Apps](#)
[CLICK HERE for HEART FAILURE SUPPORT NETWORK \(sponso](#)

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