## Patient/Family Education Pathway for Heart Failure

### Admission Day
- **How Do You Feel?**
  - What are your symptoms?
  - How do you feel today?
- **Your Symptoms**
  - What medications are you taking for your heart?
- **Your Medications**
  - What is your sodium restriction?
  - Do you have a fluid restriction?
- **Your Diet and Food Choices**
  - What is your diet?
  - Your diet preferences:
  - Do you have a fluid restriction?
  - What is your sodium restriction?
- **Your Weight**
  - What is your baseline “dry” weight?
  - What is your admission weight?
- **Your Activity**
  - What is your activity level?
- **Daily Goals and Plan for the Day**
  - Review medication schedule with your nurse
  - Review your medication changes with your nurse each day
  - Make sure you have a scale at home
  - Make a plan to fill your prescriptions

### Day During Your Hospital Stay
- **How do you feel today?**
  - Review “What is Heart Failure?”
  - Review “My heart failure self-management plan”
  - Watch “Heart Failure: Beating the Odds” on Patient Channel
  - Watch “Heart Failure: Avoiding Hospital Readmission” on Patient Channel
  - Review “Your Care at Home: Managing Heart Failure” on Patient Channel
- **Your Symptons**
  - What is your weight today?
  - Record your weight each day on a chart (see Patient Daily Worksheet)
  - Know your “dry” weight
  - Know when to call the doctor if your weight increases
- **Your Medications**
  - What is your medications work?
  - Review “How Is Heart Failure Treated?”
  - Watch “Taking Medications Safely” on Patient Channel
  - Review medication changes with your nurse each day
- **Your Diet and Food Choices**
  - Review “Key points about food and fluids”
  - Review “Heart Healthy Food Choices”
  - Add up sodium content from your menu choices – record on your sodium tracker (see Patient Daily Worksheet)
  - Review the flip chart “What should I eat and drink when I go home?”
  - Add up your fluid intake and record on your “I+O” sheet (see Patient Daily Worksheet)
- **Your Weight**
  - What is your weight today?
  - Record your weight each day on a chart (see Patient Daily Worksheet)
  - Know your “dry” weight
  - Make sure you have a scale at home
  - Know when to call the doctor if your weight increases
- **Your Activity**
  - What is your activity level?
  - Record your activities today (see Patient Daily Worksheet)
- **Daily Goals and Plan for the Day**
  - Review your activity guideline
  - Know how to monitor your daily activities
  - Know the plan for increasing your activity level
  - Know your follow-up appointment dates
  - Discuss your eligibility for a Cardiac Rehab program with your provider

### Day of Discharge
- Review “How Do You Feel Today: green, yellow, or red?” with your nurse or doctor
- Green = GOOD
- Yellow = CAUTION
- Red = EMERGENCY – call 911
  - Know which (if any) of your usual medications have been stopped
  - Know which of your medications are new
  - Name the types of foods you need to avoid when you go home
  - Understand how to read a food label for sodium content
  - Know your sodium restriction
  - Know your fluid restriction
  - Name the types of foods you need to avoid when you go home
  - Understand how to read a food label for sodium content

### Recovery at Home
- Please refer to the guide “How Do You Feel Today: green, yellow, or red?” in your Heart Failure Education Packet
- If in the green zone – keep up the GOOD work
- If in the yellow zone – call your cardiologist (617-632-7577)
- If in the red zone – call 911
  - Taking your medications every day without difficulty or questions
  - Taking your medications, but have some concerns or questions; call HeartLine (617-632-7577) or your cardiologist
  - You took nitroglycerin for chest, arm, or jaw pain, but pain continues – call 911
  - Your daily weight is stable
  - Your weight has increased 3 or more pounds in 2 days or 5 or more pounds in 5 days – call primary care doctor or nurse practitioner or HeartLine (617-632-7577)
  - You are able to make healthy choices and feel that you understand and can follow the low-sodium diet
  - If you have a fluid restriction, you are able to follow it
  - You are having some difficulty following the sodium restriction and/or fluid restriction. Please discuss with your doctor or nurse practitioner at next visit.
  - You have worsening shortness of breath or are short of breath at rest – call primary care doctor or nurse practitioner or HeartLine (617-632-7577)
  - You have sudden or severe shortness of breath at rest – call primary care doctor or nurse practitioner or HeartLine (617-632-7577)
  - You are able to do your routine activities without symptoms
  - You have questions that cannot wait for your next appointment
  - You know when your follow-up appointments are scheduled
  - Speak to your doctor or nurse practitioner about your eligibility for a Cardiac Rehab program

### Provider Section
- Teach Back: “Can you tell me the main problem that brought you into the hospital?”
- Teach Back: “Can you tell me why you are taking this medication? How will you take it at home?”
- Teach Back: “What do you need to do when you go home?”
- Nutrition consult
- Physical Therapy consult
- Smoking Cessation Counseling

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The Patient Channel: Turn to Channel 48 or visit [www.thepatientchannelnow.com](http://www.thepatientchannelnow.com) (use password 05259)
Patient/Family Education Pathway for Heart Failure

Name: ______________________ My Teaching Partner: ______________________

Tel# ______________________ My Health Care Proxy: ______________________

My preferred language for: Speaking ______________________ Reading __________

Anticipated discharge date: _______________ Anticipated discharge to: ______________________

Patient/Family Education Pathway

Type of fluid | Amount (ml)
--- | ---
Boost / Ensure | 240
Broth, soup, cream soup | 120
Carnation Instant Breakfast | 240
Creamer | 30
Frappé | 240
Fruited gelatin salad | 120
Gatorade (16 oz) | 480
Gelatin cubes | 120
Hot cup, brown paper cup | 300
Hot cup, black plastic (Dinex) | 240
Ice cream, sherbert | 120
Iced tea (poured) | 180
Fruit juices (4 oz) | 120
Lactaid milk (8 oz) | 240
Milk (4 oz) | 120
Milk (8 oz) | 240
Nepro, Novasource Renal | 240
Nutrashakes | 120
Popsicle | 75
Rice Dream, rice milk (4 oz) | 120
Snapple iced tea (16 oz) | 480
Soda (8 oz can) | 240
Soy milk (8 oz) | 240
Tomato juice (4 oz can) | 120
Water, small clear cup | 180

Notes:

Today’s Date:

Weight: ________________ lbs.

My allowed activity level:

Sitting Goal: out of bed for meals

Walking Goal: 3-4 times per day

How did you feel?

Questions to ask your nurse or doctor:

Food Journal

Sodium restriction: ________________

Fluid restriction: ________________

Daily sodium tracker (item / mg sodium)

Daily fluid intake (fluid / ml or oz)

Breakfast:

Lunch:

Dinner:

Daily total:

Sodium restriction: ________________

Fluid restriction: ________________

Daily sodium tracker (item / mg sodium)

Daily fluid intake (fluid / ml or oz)

Breakfast:

Lunch:

Dinner:

Daily total: