

HEART FAILURE PATIENT DISCHARGE SHEET

Your doctor has found that you have **heart failure**. This means that your heart muscle is not able to pump enough blood to meet your body's needs. Heart failure can be managed with some lifestyle changes and medications. Please keep this sheet and the other materials given to you regarding your condition and refer to them often.

Call your doctor if you have:

- Weight gain of 2 pounds in one day or more than 3 pounds in a week,
- Worsening swelling or shortness of breath,
- Nausea or lightheadedness
- Cramps in your feet or legs
- Questions or concerns

Diet. Follow the dietary recommendations that are checked below:

- Limit sodium intake to _____ milligrams a day
 - No salt to food when cooking or at the table- Use lemon and herbs for flavor.
 - Read food labels for sodium amounts.
 - Avoid high sodium food (canned vegetables and soups, frozen dinners, snacks and crackers, deli food, fast food, soy sauce, fried food, sausages, cold cuts, cheese, etc.)
- Fluid restriction- Limit fluids to _____ quarts/day or _____ cups/day
- Avoid salt substitutions (For people at risk of dangerously high potassium levels)

Weigh yourself each morning: (right after you empty your bladder). If you do not have a scale at home, arrange to get one before you arrive home.

- At the same time (right after you empty your bladder)
- On the same scale, making sure that the scale is on a hard surface, and
- Wearing the same amount of clothing

Weight gain means you are retaining fluid. Report weight gain of 2 or pounds in one day or more than three pounds in one week. Take your weight log with you whenever you see your doctor.

Activity:

- OK to resume same activity as before hospitalization
- Other (specify): _____

Tobacco Products:

- Avoid all tobacco products- SMOKING/CHEWING. If you currently smoke your healthcare provider will speak with you about programs available to assist you to quit.

Follow-Up Appointment:

Appointment is with Dr. _____

Date _____ Time _____ Location _____

Patient Signature

Date

Nurse Signature

Date

