

Pre- and post-hospital discharge checklist

Patient's name: <input type="text"/>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="text"/> <input type="text"/> <input type="text"/>
	PRE-DISCHARGE VISIT Hospital specialist: Date of discharge: <input type="text"/> / <input type="text"/> / 20 <input type="text"/>	EARLY POST-DISCHARGE VISIT 1 Doctor/Nurse: Date of visit: <input type="text"/> / <input type="text"/> / 20 <input type="text"/>	EARLY POST-DISCHARGE VISIT 2 Doctor/Nurse: Date of visit: <input type="text"/> / <input type="text"/> / 20 <input type="text"/>

CLINICAL ASSESSMENT

Weight	<input type="text"/> <input type="text"/> <input type="text"/> kg	<input type="text"/> <input type="text"/> <input type="text"/> kg	<input type="text"/> <input type="text"/> <input type="text"/> kg
Resting heart rate	<input type="text"/> <input type="text"/> <input type="text"/> bpm Rhythm: <input type="checkbox"/> sinus <input type="checkbox"/> atrial fibrillation <input type="checkbox"/> not available	<input type="text"/> <input type="text"/> <input type="text"/> bpm Rhythm: <input type="checkbox"/> sinus <input type="checkbox"/> atrial fibrillation <input type="checkbox"/> not available	<input type="text"/> <input type="text"/> <input type="text"/> bpm Rhythm: <input type="checkbox"/> sinus <input type="checkbox"/> atrial fibrillation <input type="checkbox"/> not available
Blood pressure	Systolic/diastolic: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mm Hg	Systolic/diastolic: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mm Hg	Systolic/diastolic: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mm Hg
Clinical symptoms of volume overload	<input type="checkbox"/> Signs of congestions: pulmonary rales, jugular venous congestion, hepatomegaly, peripheral edema <input type="checkbox"/> Breathlessness <input type="checkbox"/> Orthopnea	<input type="checkbox"/> Signs of congestions: pulmonary rales, jugular venous congestion, hepatomegaly, peripheral edema <input type="checkbox"/> Breathlessness <input type="checkbox"/> Orthopnea	<input type="checkbox"/> Signs of congestions: pulmonary rales, jugular venous congestion, hepatomegaly, peripheral edema <input type="checkbox"/> Breathlessness <input type="checkbox"/> Orthopnea
NYHA class	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV
Other measurements	LV ejection fraction <input type="text"/> <input type="text"/> % Serum creatinine <input type="text"/> <input type="text"/> <input type="text"/> Potassium <input type="text"/> <input type="text"/> <input type="text"/> mmol/L	LV ejection fraction <input type="text"/> <input type="text"/> % Serum creatinine <input type="text"/> <input type="text"/> <input type="text"/> Potassium <input type="text"/> <input type="text"/> <input type="text"/> mmol/L	LV ejection fraction <input type="text"/> <input type="text"/> % Serum creatinine <input type="text"/> <input type="text"/> <input type="text"/> Potassium <input type="text"/> <input type="text"/> <input type="text"/> mmol/L

PATIENT EDUCATION

Nonpharmacological measurement	<input type="checkbox"/> Diet <input type="checkbox"/> Exercise <input type="checkbox"/> Weight monitoring <input type="checkbox"/> Detection of worsening symptoms	<input type="checkbox"/> Diet <input type="checkbox"/> Exercise <input type="checkbox"/> Weight monitoring <input type="checkbox"/> Detection of worsening symptoms	<input type="checkbox"/> Diet <input type="checkbox"/> Exercise <input type="checkbox"/> Weight monitoring <input type="checkbox"/> Detection of worsening symptoms
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OPTIMIZATION OF MEDICAL THERAPY

ACEIs or ARBs	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (CI or intolerance) <input type="checkbox"/> Not prescribed (patient refused)	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (CI or intolerance) <input type="checkbox"/> Not prescribed (patient refused)	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (CI or intolerance) <input type="checkbox"/> Not prescribed (patient refused)
Beta-blockers	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (CI or intolerance) <input type="checkbox"/> Not prescribed (patient refused)	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (CI or intolerance) <input type="checkbox"/> Not prescribed (patient refused)	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (CI or intolerance) <input type="checkbox"/> Not prescribed (patient refused)
MRAs	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (CI or intolerance) <input type="checkbox"/> Not prescribed (not indicated) <input type="checkbox"/> Not prescribed (patient refused)	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (CI or intolerance) <input type="checkbox"/> Not prescribed (not indicated) <input type="checkbox"/> Not prescribed (patient refused)	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (CI or intolerance) <input type="checkbox"/> Not prescribed (not indicated) <input type="checkbox"/> Not prescribed (patient refused)
Ivabradine	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (CI or intolerance) <input type="checkbox"/> Not prescribed (not indicated) <input type="checkbox"/> Not prescribed (patient refused)	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (CI or intolerance) <input type="checkbox"/> Not prescribed (not indicated) <input type="checkbox"/> Not prescribed (patient refused)	<input type="checkbox"/> Prescribed <input type="checkbox"/> Not prescribed (CI or intolerance) <input type="checkbox"/> Not prescribed (not indicated) <input type="checkbox"/> Not prescribed (patient refused)

PLANNING OF VISITS

Date of next follow-up visit: <input type="text"/> / <input type="text"/> / 20 <input type="text"/>	Date of next follow-up visit: <input type="text"/> / <input type="text"/> / 20 <input type="text"/>	Date of next follow-up visit: <input type="text"/> / <input type="text"/> / 20 <input type="text"/>
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