UNIVERSITY OF OTTAWA HEART INSTITUTE
INSTITUT DE CARDIOLOGIE DE L'UNIVERSITÉ D'OTTAWA

Guidelines Applied in Practice (GAP) HEART FAILURE Tool

PATIENT DISCHARGE INFORMATION

I know I need to do the following because I have been treated for heart failure.
My Ejection Fraction is _____ % (Normal is approximately 50%)

1. Diet:
I understand that a low salt (also known as sodium) diet of **2000 mg per day** is recommended for patients with heart failure. This will prevent shortness of breath and swelling in my feet and ankles.

I have received education about a low salt / low sodium diet of **2000 mg per day**. ❑ Yes ❑ No

I understand that I need to read the food labels to know the salt / sodium content of foods. ❑ Yes ❑ No

I am aware that I need to measure and keep my fluid intake to **1.5 - 2 liters per day**. (This includes water, juice, milk, soft drinks, tea/coffee, jello, soups, ice cream, popsicle, alcohol, ice cubes etc.) ❑ Yes ❑ No

2. Daily Weights: I understand that I have to weigh myself daily and I have received instructions about recording my daily weights. ❑ Yes ❑ No

My discharge weight is _____ lbs.

My weight tomorrow morning at home is _____ lbs.

3. Take Medicines: I understand that there are certain medications which will help prevent future heart failure episodes and help me live a longer and healthier life. I will be taking:

ACE Inhibitor *OR* ARB	❑ Yes	❑ No	❑ CI	_____
Beta Blocker	❑ Yes	❑ No	❑ CI	_____
Diuretics	❑ Yes	❑ No	❑ CI	_____
Spironolactone	❑ Yes	❑ No	❑ CI	_____
Digoxin	❑ Yes	❑ No	❑ CI	_____
Potassium Supplement	❑ Yes	❑ No	❑ CI	_____

CI= Contra-indicated

4. I came in with Acute Coronary Syndrome this admission ❑ Yes ❑ No

If yes, I will be taking:

ASA	❑ Yes	❑ No	❑ CI	_____
Platelet inhibitor	❑ Yes	❑ No	❑ CI	_____
Lipid Lowering Agent	❑ Yes	❑ No	❑ CI	_____

These are the best practice medications. Depending on my medical diagnosis, I may or may not require all of these medications. I will speak to my doctor if I have any questions.

Patient Chart no.

5. Quit Smoking.

I understand that smoking is a major risk factor in the development of heart disease. Smoking also causes other illnesses which may shorten my life.

I smoke and have been counseled to stop. ❑ Yes ❑ No ❑ CI (non-smoker)

I have been given medication to help me stop smoking. ❑ Yes ❑ No ❑ N/A

If I want to quit smoking, I can call the Smoking Cessation Program I can call **613-761-4753.**

6. Exercise Regularly.

I have received exercise guidelines. ❑ Yes ❑ No

I have been referred to a cardiac rehabilitation program. ❑ Yes ❑ No

If I haven't received information from the cardiac rehabilitation program within 2 weeks I can call **613-761-4572.**

7. Learn about heart failure.

I have received education on heart failure (Heart failure Booklet & Resource materials) during my hospitalization. ❑ Yes ❑ No

I know what to do if I have a recurrence of my symptoms. ❑ Yes ❑ No

I have received instructions on my discharge medications. ❑ Yes ❑ No

8. Follow-Up with my physician.

❑ I have a follow-up appointment made with a cardiologist/internist,

Dr. _____ at _____ on _____.

❑ I need to call Dr. _____ at _____

for an appointment within _____ weeks.

I should make an appointment with my family physician within 1-2 weeks and ask him/her about follow up blood work.

9. Patient Specific Instructions:

I understand that one of my most important medications is a diuretic. I will be going home on:

_____

_____

_____

I am aware it is essential to notify my family physician if I experience any of the following:

- Increased difficulty breathing
- Weight gain of more than 2 pounds within a day or 5 pounds within a week
- Swelling of my ankles or legs or abdomen.

Patient's name (print)	Signature	Date (yyyy/mm/dd)