# TARGET: HF

## Target: Heart Failure Discharge Criteria for Patients Hospitalized With Heart Failure

### **Recommended for all heart failure patients:**

| Precipitating and exacerbating factors addressed                                    | Dietary sodium restriction and adherence   |
|---|--|
| Transition from intravenous to oral diuretic successfully                           | Recommended activity level   |
| At least near optimal volume status achieved  | Monitoring of daily weights  |
| □ At least near optimal pharmacologic therapy for heart                             | Plan to reassess volume status early after discharge   |
| <ul> <li>Stable renal function and electrolytes within normal range</li> </ul>      | <ul> <li>Plan to monitor electrolytes and renal function early after discharge</li> </ul>    |
| No symptomatic supine or standing hypotension                                       | Plan to titrate heart failure medications to target dose, if                                 |
| Patient and family education completed  | Plan to reinforce patient and family education post  |
| <ul> <li>Details regarding medications and medication<br/>reconciliation</li> </ul> | <ul> <li>Follow-up clinic visit scheduled within 7 days of hospital<br/>discharge</li> </ul> |
| Need for medication adherence   | □ Follow-up phone call scheduled   |

#### Should be considered for patients with advanced heart failure or recurrent admissions:

| Oral medication regimen stable for at least 24 hours   | <ul> <li>Careful observation before and after discharge for<br/>development of renal dysfunction, electrolyte<br/>abnormalities, and symptomatic hypotension</li> </ul>             |
|--|---|
| <ul> <li>No intravenous vasodilator or inotropic agent for at least</li> <li>24 hours</li> </ul> | <ul> <li>Plans for more intensive post-discharge management<br/>(scale present in home, visiting nurse or telephone follow<br/>up no longer than 3 days after discharge)</li> </ul> |
| □ Ambulation before discharge to assess functional   | Referral for formal heart failure disease management  |

This is a general algorithm to assist in the management of patients. This clinical tool is not intended to replace individual medical judgment or individual patient needs.

#### February 2013

TAKING THE FAILURE OUT OF HEART FAILURE

©2013 American Heart Association







