



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.

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.

Nurse Initials

Date

Patient Signature

Date