Discharge Criteria for Patients Hospitalized with Heart Failure

Recommended for all adult patients with heart failure:

- Precipitating and exacerbating factors addressed
- Transition from intravenous to oral diuretic successfully
- Near optimal/ optimal volume status achieved
- Near optimal/ optimal pharmacologic therapy for heart failure
- Stable renal function and electrolytes within normal range/ near normal range based on patient’s baseline
- No symptomatic supine or standing hypotension or dizziness
- Patient and family education completed
- Details regarding medications and medication reconciliation
- Need for medication adherence understood by patient/family
- Dietary sodium restriction and understands rationale for adherence
- Need for daily activity and exercise, and understands rationale for both
- Need for monitoring of daily weights and when to contact provider
- Plan to reassess volume status early after discharge is documented (when/where)
- Plan to monitor electrolytes and renal function early after discharge is documented (what/when)
- Plan to titrate heart failure medications to target dose, if needed, is documented (what/when)
- Plan to reinforce patient and family education post-discharge is documented (when/where/themes)
- Follow-up clinic visit scheduled within 7 days of hospital discharge is documented (where/when/with whom)
- Follow-up phone call scheduled in addition to clinic visit is documented (when)
- Referral to outpatient cardiac rehab program

- Oral medication regimen, stable for at least 24 hours
- No intravenous vasodilator or inotropic agent for at least 24 hours
- Ambulation before discharge to assess functional capacity
- Careful observation before and after discharge for worsening, or development of, renal dysfunction, electrolyte abnormalities and symptomatic hypotension
- Plans for more intensive post-discharge management (scale present in home, visiting nurse, or telephone follow-up no longer than 3 days after discharge)
- 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 judgement or individual patient needs.