

CONGESTIVE HEART FAILURE DISCHARGE INSTRUCTIONS

The goal in treatment is to improve your heart's ability to pump. This will be done through diet, exercise, and medication. You should discuss the type and the amount of exercise that you can begin with your physician. Your physician may send you home on medications to strengthen your heart muscle and slow it down. Be sure to take all medications as prescribed.

SIGNS AND SYMPTOMS TO WATCH FOR

1. Shortness of breath with light activity or shortness of breath at night when lying down flat.
2. Puffiness or swelling of your feet, ankles, hands or eyes. Some people feel bloated in their belly also.
3. You may develop a constant dry cough or a productive cough with pinkish sputum.
4. Weigh yourself each day at the same time wearing the same thing. If you notice weight gain with swelling or shortness of breath, notify your physician immediately or come to the emergency department.
5. If any of the above symptoms worsen, notify your physician immediately.

DIET

You will be on a low sodium, low fat diet. You may need to incorporate foods that are rich in potassium, such as bananas and raisins. Drink orange juice and other citrus juices. You may need to take a potassium supplement if ordered by your physician.

ACTIVITY

Discuss with your physician how limited your activities should be. This will depend on the severity of your condition.

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|-----------------------|-----------------------|------------------------|
| 1. Work | No Restrictions _____ | Restricted Until _____ |
| 2. Exercise | No Restrictions _____ | Restricted Until _____ |
| 3. Sexual Intercourse | No Restrictions _____ | Restricted Until _____ |

MEDICATION

Please take all medications as prescribed and the way they are prescribed. Always carry a current list of medications and the dosages with you.

1. Continue home medications as before. List: _____

2. Continue home medications with the following changes: _____

3. New prescriptions. List: _____

4. Food / Drug Interaction Sheets Given
5. Follow-up Appointment: _____
6. Weigh daily each morning after you empty your bladder on reliable scales. Call if weight increases more than 3 pounds in 2 days.

Nurse explaining discharge instructions X _____

Patient's signature or Family Member X _____