

# Heart Failure Patient Discharge Sheet

Your doctor has found that you have **heart failure**. This means that your heart muscle is not able to pump enough blood to meet your body's needs. Heart failure can be managed with drugs and some changes in your lifestyle. **Please keep this sheet and refer to it often.**

**Call your doctor if you have:**

- Weight gain of 2-4 lbs. over 1-3 days,
- Worsening swelling or shortness of breath,
- Nausea or lightheadedness,
- Cramps in your feet or legs,
- Questions or concerns.

**Diet. Follow the dietary recommendations that are checked below:**

- Limit sodium intake to \_\_\_\_\_ mg. (milligrams) / day.
  - No salt to food when cooking or at the table - Use lemon and herbs for flavor.
  - Read food labels for sodium amounts.
  - Avoid high sodium food (canned vegetables and soups, frozen dinners, snack and crackers, deli food, fast food, soy sauce, fried food, sausages, cold cuts, cheese, etc.)
- Fluid restriction - Limit fluids to \_\_\_ quarts / day or \_\_\_\_\_ cups / day.
- Avoid salt substitutes (For people at risk of dangerously high potassium levels).

**Weigh yourself each morning:**

- At the same time (right after you empty your bladder),
- On the same scale, and
- Wearing the same amount of clothing.

**Weight gains mean you are retaining fluid. Report weight gains of 2-4 lbs. over 1-3 days.** Bring in your weight log when you see your doctor

**Activity:**

- OK to resume same activity as before hospitalization
- Other (specify): \_\_\_\_\_

**Tobacco Products:**

- Avoid all tobacco products – SMOKING / CHEWING

**Medication:**

Medication / Dose	When to take / Frequency	Reason for Drug

**Follow-Up Appointment:**

Appointment is with Dr. \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nurse Signature

\_\_\_\_\_  
Date

