Condensed Management and Discharge Readiness

Society of Hospital Medicine

Hospitalization is a critical opportunity for complete therapeutic optimization and discharge planning. STRONG-HF demonstrated aggressive in-hospital optimization plus intensive early follow-up reduced death and rehospitalization.

HF Phenotype / Baseline Status

Document the Following

CATEGORY	DOCUMENT / COMPLETE
HF Phenotype / EF	☐ HF phenotype documented: ☐ HFrEF ☐ HFmrEF ☐ HFpEF ☐ HFimpEF | EF: _% **Echo date: OR** ☐ Plan to obtain/locate recent echo documented
Patient-Reported Health Status	☐ KCCQ-12 captured: ☐ Prior to discharge ☐ Planned at first follow-up

Precipitating Factors / Prevention

Assess and Address

CATEGORY	ASSESS / TREAT / DOCUMENT
Precipitant	☐ Identified and treated (e.g., AF/RVR, ischemia/ACS, infection, diet/med nonadherence, uncontrolled HTN, PE, renal dysfunction)
Prevention Plan	☐ Prevention plan documented (what changed, how to avoid recurrence, outpatient monitoring plan)

Decongestion / Discharge Readiness

Confirm and Document

CATEGORY	CRITERIA / DOCUMENTATION
Clinical Stability	☐ Resting dyspnea improved/resolved ☐ Orthopnea improved/resolved ☐ Ambulating without significant dyspnea ☐ Vitals stable
Congestion Assessment	☐ JVD improved/resolved ☐ Peripheral edema improved/resolved ☐ Lung findings improved
Weights	☐ Discharge weight documented: _____ ☐ "Dry/target" weight established: _____ ☐ Weight trend appropriate (not losing >1 kg/day)
Diuretic Route	☐ Off IV diuretics ≥24 hours (last IV dose: //____ :)
Biomarkers (optional)	☐ NT-proBNP trended/considered when clinically useful (value(s): _____)

The development of this resource was funded by Bayer in 2026.

Diuretics / Action Plan

Required for Safe Self-Management

CATEGORY	DOCUMENT / COMPLETE
IV → PO Transition	☐ IV→PO conversion completed with observed response (oral "test dose" when feasible)
Home Diuretic Plan	☐ Discharge diuretic dose/timing documented (including PRN instructions if used)
Written Action Plan	☐ Target weight documented ☐ Escalation steps for weight gain/symptoms ☐ Who to call + when
"Call Parameters"	☐ Reviewed and written in discharge instructions (e.g., >2–3 lbs. overnight **OR** >5 lbs./week; worsening dyspnea/edema; dizziness/syncope; chest pain)

GDMT / Phenotype-Specific Therapy

Optimize or Document Barriers

CATEGORY	DOCUMENT / COMPLETE
GDMT at Discharge	☐ Evidence-based therapy optimized **OR** contraindications/intolerance documented with plan to revisit
Titration Ownership	☐ Titration owner documented: ☐ HF clinic ☐ Cardiology ☐ PCP ☐ Other: _____ Target up titration date: _____

HFrEF (LVEF ≤40%)

"4 Pillars"

CATEGORY	STATUS	NOTES / SAFETY (AS APPLICABLE)
SGLT2 Inhibitor	☐ Start/Continue ☐ Contraindicated ☐ Defer	Dapagliflozin 10 mg daily or Empagliflozin 10 mg daily; typically, no titration; consider BP/volume; avoid T1DM/DKA; renal threshold per labeling/local protocol
ARNI (preferred) or ACEi/ARB	☐ Start/Continue ☐ Contraindicated ☐ Defer	If ACEi → ARNI: 36-hour washout
Evidence-based beta-blocker	☐ Start/Continue ☐ Contraindicated ☐ Defer	Start when euvolemic; avoid initiation/escalation if unstable or on inotropes
MRA	☐ Start/Continue ☐ Contraindicated ☐ Defer	Typically requires K <5.0 and eGFR >30; plan K/Cr check within ~1 week after start/titration

Additional Therapies

(when appropriate)

CATEGORY	DOCUMENT / COMPLETE
H-ISDN	☐ Considered/prescribed per guideline indication (or barrier documented)
Ivabradine	☐ Considered if EF ≤35%, sinus rhythm, HR ≥70 despite maximized beta-blocker (or barrier documented)
HFpEF/HFmrEF Strategy	☐ SGLT2 considered/prescribed when appropriate; ☐ BP/diuretics optimized; ☐ AF plan as indicated; ☐ Specialty options per pathway (e.g., finerenone; GLP-1 RA if BMI ≥30)

Labs / Monitoring Plan

Arrange Before Discharge

CATEGORY	DOCUMENT / COMPLETE
Early Post-Discharge Labs	☐ BMP ± Mg scheduled (earlier if high risk): //____
Action Thresholds	☐ Thresholds/escalation plan documented for K/Cr changes (hold/adjust meds; who to call; repeat labs)
MRA/RAASi Safety	☐ If started/changed: plan K/Cr recheck within ~1 week documented

Iron Deficiency (High-Yield)

Assess and Plan

CATEGORY	DOCUMENT / COMPLETE
Iron Studies	☐ Ferritin/TSAT reviewed (recent) **OR** ordered if not recent
Treatment Plan	☐ If iron deficient (commonly ferritin <100, or ferritin 100–300 with TSAT <20%): IV iron plan per pathway/availability

Medication Reconciliation + Access

"Meds in Hand" When Feasible

CATEGORY	DOCUMENT / COMPLETE
Reconciliation	☐ Complete med reconciliation performed
What Changed and Why	☐ "Stop/continue/new" list + rationale included in discharge instructions
Access / Affordability	☐ Coverage/prior auth addressed ☐ Copay assistance explored if needed, ☐ First fill plan confirmed
Supply	☐ ≥30-day supply confirmed and/or "meds in hand"

Patient Education (With Teach-Back) + Language Access

CATEGORY	TEACH-BACK COMPLETED
Core Education	☐ HF diagnosis explained ☐ Meds reviewed (name/dose/purpose/major side effects) ☐ Daily weights instructions ☐ Diet/fluids plan ☐ Warning signs and action plan
Written Instructions	☐ Provided
Language Access	☐ Interpreter used when indicated ☐ Written instructions in preferred language provided

SDOH / Supports

Screen and Connect Resources

CATEGORY	COMPLETE
SDOH Screen	☐ Food ☐ Housing ☐ Transportation ☐ Health literacy/med management barriers
Resources / Supports	☐ CM/SW resources connected ☐ Home health/dietitian/nursing support arranged as needed
Scale / Transportation	☐ Scale available/provided ☐ Transportation arranged for discharge + follow-ups

Goals of Care / ACP

CATEGORY	COMPLETE
Goals / ACP	☐ Goals/values discussion as appropriate ☐ Code status reviewed/documented ☐ Proxy identified ☐ Advance directive discussed/updated
Palliative Care	☐ Consulted when appropriate

Device Therapy / Referrals

(If Indicated)

CATEGORY	COMPLETE
ICD / CRT / EP	☐ Criteria reviewed ☐ EP referral placed if indicated

Transitions of Care

Schedule Before Discharge

CATEGORY	SCHEDULED / SENT
Follow-Up Visits	☐ Cardiology/HF follow-up: _____ (≤7d high risk; ≤14d otherwise ☐ PCP follow-up: _____
48–72h Contact	☐ Post-discharge call/televisit scheduled: _____ (symptoms/weights, med access, lab reminder, escalation pathway)
Warm Handoff	☐ Discharge summary/communication sent (hospital course, discharge wt, diuretic plan, GDMT plan + titration owner, pending tests)
Rehab	☐ Cardiac rehab referral (if appropriate)

Final Discharge Verification

Last Step

CATEGORY	COMPLETE
Final Check	☐ Clinically stable; congestion adequately treated; off IV diuretics ≥24h ☐ Diuretic/action plan in discharge instructions ☐ GDMT plan complete (or barriers documented) ☐ Labs + follow-ups scheduled ☐ Education complete (teach-back) + written instructions (preferred language) ☐ Med access confirmed ☐ Transportation confirmed

Sign-off: MD/APP _____ **RN** _____

PharmD _____ **CM/SW** _____

Date _____

References:

1. Heidenreich PA, et al. 2022 AHA/ACC/HFSA HF Guideline. *Circulation*. 2022.
2. Maddox TM, et al. 2024 ACC Expert Consensus Decision Pathway. *J Am Coll Cardiol*. 2024.
3. STRONG-HF Investigators. *Lancet*. 2022.
4. McMurray JJV, et al. DAPA-HF. *N Engl J Med*. 2019.
5. McMurray JJV, et al. PARADIGM-HF. *N Engl J Med*. 2014.
6. EMPEROR-Preserved; DELIVER.