Expanded Protocol Schema 3: Daily Monitoring & Decongestion Assessment

Society of Hospital Medicine

DAILY MULTIDISCIPLINARY ROUNDING CHECKLIST

TEAM: Attending Physician | Resident/Follow | HF Nurse | Clinical Pharmacist | Case Manager | Medical Student

TIME: Round within 2 hours of lab availability (typically 0600-0900) | **DURATION:** 5-10 minutes per patient | **DOCUMENTATION:** Real-time in EHR

Daily assessment: Clinical status | Laboratory trends | Congestion resolution | GDMT advancement | Barriers to discharge

VITAL SIGNS & PHYSICAL EXAMINATION

VITAL SIGNS (Q4-8H): BP: Trend ___ / ___ (Goal: SBP greater than 90, ideally greater than 100) | HR: ___ (Goal: 50-100) | RR: ___ (Goal: less than 20) | O_2 Sat: ___ % on ___ L (Goal: greater than 90%) | Temp: ___ °C

DAILY WEIGHT: Today: ___ kg | Yesterday: ___ kg | Change: ___ kg | Goal: -1 to -2 kg/day until euvolemic

LABORATORY MONITORING

DAILY LABS (During Active Diuresis): Sodium: ___ (Goal: 135-145) | Potassium: ___ (Goal: 4.0-5.0; safe less than 5.5) | Creatinine: ___ (Baseline: ___) | Change: ___ | BUN: ___ | eGFR: ___ (Acceptable decrease ≤20%) | Magnesium: ___ (Goal: greater than 2.0)

ADDITIONAL: Glucose (if diabetic): Check AC + HS

MULTIMODAL CONGESTION ASSESSMENT SCORE

Complete ALL components daily - Calculate composite score to guide treatment

CLINICAL SIGNS (0-12 points):

1. Orthopnea: 0-None | 1-Mild (1 pillow) | 2-Mod (2-3 pillows) | 3-Severe (can't lie flat)

2. JVD: 0-None | 1-Mild (less than 8 cm) | 2-Mod (8-12 cm) | 3-Severe (greater than 12 cm above sternal angle)

3. Pulmonary Rales: 0-None | 1-Bases only | 2-Halfway up | 3-Greater than 2/3 of lung fields

4. Peripheral Edema: 0-None | 1-Ankle | 2-Knee | 3-Thigh/Sacral |

TOTAL CLINICAL: ___ /12

OVERALL CONGESTION STATUS:

Severe (9-12) | Moderate (5-8) | Mild (1-4) | Resolved (0)

BIOMARKER TRENDS: BNP: Today ___ | Admission ___ | % Change: ___ % (Goal: decrease 30-50%) | NT-proBNP: Today ___ | Admission ___ | % Change: ___ % (Goal: decrease 30-50%)

LUNG ULTRASOUND: B-lines Count: ___ (Significant if greater than 15 total) | Admission B-lines: ___ | % Reduction: ___ % | Goal: ≥50% reduction before discharge

CHEST X-RAY: Congestion Score: ___ /6 | Pleural Effusions: None | Small | Moderate | Large | Cardiomegaly: Yes | No

FLUID BALANCE TRACKING

INTAKE (24 hours): PO: ___ mL | IV: ___ mL | Total: ___ mL

OUTPUT (24 hours): Urine: ___ mL | Other: ___ mL | Total: ___ mL

NET BALANCE: ___ mL (Goal: -1000 to -2000 mL/day)

DIURETIC RESPONSE ASSESSMENT

Current Dose: Furosemide ___ mg IV Q ___ H or ___ mg/hr infusion

Spot Urine Sodium: ___ mEq/L (greater than 50-70 indicates good response)

Urine Output Rate: ___ mL/hr (Goal: greater than 100-150 mL/hr during active diuresis)

Adequate Response | Inadequate Response - Escalate dose

GDMT ADVANCEMENT READINESS CHECKLIST

Review DAILY - Advance medications when criteria met

INITIATION CRITERIA (All 4 must be present): Hemodynamically stable (SBP greater than 90, preferably greater than 100; HR 50-100) | No IV vasoactive medications ×24 hours | Stable on current diuretic dose ×24 hours | Laboratory values stable (K+ 3.5-5.5, eGFR adequate for medication)

CURRENT GDMT STATUS: RAAS INHIBITOR: Not started | Low dose | Target dose | Contraindicated |
BETA-BLOCKER: Not started | Low dose | Target dose | Contraindicated |
MRA: Not started | Low dose | Target dose | Contraindicated |
SGLT2i: Not started | Started (no titration) | N/A (eGFR less than 20)

TODAY'S ACTION: Initiate new medication | Uptitrate existing | No change (monitoring) | Hold/reduce (adverse effect)

BARRIERS TO GDMT: None | Hypotension | Bradycardia | Hyperkalemia | Renal dysfunction | Patient refusal

COMORBIDITY & COMPLICATIONS MONITORING

CARDIAC: AFib: Rate controlled? (HR less than 100) | Ischemia: Chest pain? Trop trend? | Arrhythmia: Tele

METABOLIC: Diabetes: Glucose controlled? | Electrolytes: K, Mg repleted? | Renal: Worsening Cr? concerning? | Anemia: Hgb trend? Iron studies? | Nutrition: Adequate intake?

FUNCTIONAL: Mobility: PT/OT eval? | ADLs: Independent? | Mental status: Oriented? | Mood: PHQ-9 if indicated |

Sleep: OSA screening?

DISCHARGE READINESS ASSESSMENT

CLINICAL CRITERIA (All must be met): Near/at dry weight (stable ×48h) | Clinical congestion resolved/minimal | Functional status acceptable | Transitioned to oral diuretics ×24h | BNP/NT-proBNP decreased ≥30% | GDMT initiated/optimized | **Labs** stable on oral regimen | Patient/family educated | Follow-up arranged less than 2 weeks

ESTIMATED DISCHARGE DATE: _____ | **BARRIERS TO DISCHARGE:** _____

REPEAT DAILY UNTIL DISCHARGE CRITERIA MET | Average Hospital LOS: 4-6 days | Evidence: DOSE-HF, CARRESS-HF, PROTECT trials | 2022 AHA/ACC/HFSA Guidelines.[4, 117, 118, 268]

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