

Cedar Point Regional Medical Center

900 Hospital Drive, Cedar Point, ST 58110
Main 555-0200 · Nurse navigator 555-0244 · Interpreter line 555-0299
A 312-bed teaching hospital

DISCHARGE INSTRUCTIONS

Document

Heart failure discharge instructions

Owner

Cardiovascular Service Line

Version

7.3 · Approved 01/2027

Nurse navigator

555-0244

Going Home After a Heart Failure Admission

Your daily routine, your action plan, your follow-up appointments, and when to call

THIS IS A TEACHING TOOL, NOT YOUR PERSONAL PRESCRIPTION

Your own discharge summary, medication list, and the instructions your care team gave you are the documents that apply to you. Where they differ from this sheet, follow your own documents.

PATIENT	DISCHARGE DATE	ATTENDING	DRY WEIGHT SET AT DISCHARGE lb
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DO THESE FOUR THINGS EVERY SINGLE DAY

#	DAILY ACTION	HOW TO DO IT	WHY IT MATTERS
1	Weigh yourself	Same time every morning, after you use the bathroom, before you eat, wearing similar clothing, on the same scale. Write it down.	Weight gain from fluid appears days before you feel short of breath. It is the earliest warning you get.
2	Take every medicine as prescribed	Use a pill organizer. Do not skip a dose because you feel well, and do not double a dose you missed unless your team told you to.	Most readmissions follow a change in how medicines are actually taken.
3	Limit sodium	Follow the sodium target on your own discharge summary. Read labels; most sodium comes from packaged food and restaurant meals, not the salt shaker.	Sodium holds fluid in your body, which raises your weight and your breathing effort.
4	Check your symptoms against the zones below	Do this at the same time you weigh yourself.	Acting in the yellow zone is what keeps you out of the red zone.

YOUR SYMPTOM ACTION PLAN

ZONE	WHAT YOU NOTICE	WHAT TO DO
GREEN — your usual self	Weight is stable. Breathing is at your normal level. No new swelling. You can do your usual activity without unusual difficulty.	Continue your daily routine. Keep every follow-up appointment.
YELLOW — call your care team today	Weight up by the amount listed on your own plan, over one day or over three days. New or increased swelling in feet, ankles, legs, or abdomen. More short of breath with your usual activity. Needing more pillows to sleep. A dry hacking cough. More tired than usual. Dizziness.	Call the nurse navigator at 555-0244 during business hours, or the on-call number after hours. Do not wait for your next appointment. Do not change a medicine dose on your own unless your written plan tells you to.
RED — this is an emergency	Struggling to breathe or short of breath at rest. Chest pain or pressure. Confusion or inability to think clearly. Fainting.	Call 911 immediately. Do not drive yourself and do not wait to call the office first.

The specific weight numbers for your yellow zone are written on your personal discharge summary. They are not the same for every patient.

YOUR MEDICINES

Your personal medication list is the authoritative document. It is printed separately and is attached to your discharge summary. Use this table only to understand the categories and what to watch for.

CATEGORY	WHAT IT DOES	COMMON PRACTICAL ISSUE	WHAT TO DO ABOUT IT
Diuretic (water pill)	Helps your body remove extra fluid	Frequent urination makes people skip doses, especially before leaving the house	Ask your team about the best time of day rather than skipping
Beta blocker	Slows the heart and lowers its workload	May cause tiredness for the first weeks	Report it rather than stopping; the dose is usually adjusted gradually
ACE inhibitor, ARB, or ARNI	Reduces strain on the heart and lowers blood pressure	A dry cough is a known effect of some of these	Report the cough; an alternative may be available
Mineralocorticoid antagonist	Reduces fluid and protects the heart	Requires blood tests to monitor potassium and kidney function	Do not miss the laboratory appointments
SGLT2 inhibitor	Reduces hospitalizations in heart failure	Increases urination and fluid needs	Follow your team's guidance on hydration
Potassium or other supplement	Replaces what a diuretic removes	Easy to forget because it is 'just a supplement'	Treat it with the same importance as every other medicine

Never start, stop, or change a dose based on this table. Bring every question to your clinician or pharmacist.

YOUR FOLLOW-UP APPOINTMENTS

APPOINTMENT	WHEN	SCHEDULED?
Heart failure clinic or cardiology	Within 7 days of discharge	
Primary care clinician	Within 14 days of discharge	
Laboratory — kidney function and electrolytes	As written on your summary	
Nurse navigator phone call	Within 48 hours of discharge	
Cardiac rehabilitation evaluation	If ordered by your team	

The 7-day visit is the single most important appointment in your recovery. If you cannot make it, call 555-0244 to move it rather than skipping it.

ACTIVITY, FLUIDS, AND DAILY LIFE

- Resume activity gradually and follow any limits your team gave you in writing.
- You should be able to talk while you are active. If you cannot, slow down.
- If a fluid limit was set for you, it is written on your discharge summary.
- Do not use over-the-counter anti-inflammatory pain relievers without asking, because they can cause fluid retention.
- Ask about a home scale if you do not have one. We can help you get one.
- Bring your weight log and your medicine bottles to every appointment.

Boundary: Everything on this sheet is general education about a heart failure discharge. It is not a prescription, not a dose, not a personal weight threshold, and not a substitute for your own discharge summary or your care team's instructions.

FICTIONAL SPECIMEN. Cedar Point Regional Medical Center, the nurse navigator line, the version history, and the specific process described here are invented for demonstration only. The general categories reflect commonly published patient-education themes, but this document is not medical advice, a clinical guideline, a real discharge instruction sheet, or a treatment plan.