

**CONGESTIVE HEART FAILURE
CAREMAP® CODE 311-B**

DAY 1 DATE: ____/____/____

		Interventions	Outcomes
ASSESSMENT	CONSULTS	1. Nutrition ☐	
	TESTS	2. CXR ☐	Patient's abnormal lab values are addressed
		3. EKG ☐	Met: ☐ Unmet: ☐ Initials: _____
		4. Pulse Oximetry ☐	1. Patient's O2 sat is > 90%
		Metabolic Panel	Met: ☐ Unmet: ☐ Initials: _____
		Consider Echo if indicated.	
		CBC	
MONITORS & TEAM PROCESS		Admission History and Assessment ☐	Patient's V/S are within acceptable limits
		V/S q _____	Met: ☐ Unmet: ☐ Initials: _____
		Intake & output ☐	
PROBLEMS/ NEEDS	1. _____	3. _____	5. _____
	2. _____	4. _____	6. _____
PLAN	TREATMENTS	5. Daily Weights: _____	
		IV: _____	
MEDICATIONS		6. If Ejection Fraction is below 40% use: Digoxin, Diuretics and ACE inhibitors unless contraindicated	2. Patient's Ejection Fraction is documented in the medical record. Met: ☐ Unmet: ☐ Initials: _____
		If ACE inhibitors contraindicated consider use of angiotensin receptor blockers.	Pt is Pain Free Met: ☐ Unmet: ☐ Initials: _____
		Pain management	
DIET		2gm sodium or as ordered.	
ACTIVITY		Ambulate unless otherwise ordered. ☐	
TEACHING		Orient to unit. Review plan of care ☐	Patient/S.O. understands medication use. Met: ☐ Unmet: ☐ Initials: _____
		Teach re: disease process, diet, meds, and S&S to report. Pain Scale ☐	Patient/S.O. verbalize concerns of illness. Met: ☐ Unmet: ☐ Initials: _____
		Fluid Restriction. Daily Weights. ☐	Patient verbalizes understanding of the pain scale Met: ☐ Unmet: ☐ Initials: _____
		Patient Friendly Care Map® given. Init. _____	
		Smoking Cessation ☐	Met: ☐ Unmet: ☐ Initials: _____
		Safety precautions ☐	
DISCHARGE PLANNING		Assess support network. ☐	Patient/S.O verbalize understanding of the Patient Friendly Care Map®
		Assess discharge planning needs. ☐	Met: ☐ Unmet: ☐ Initials: _____
TEAM SIGNATURES AND TITLE	1. _____	3. _____	5. _____
	2. _____	4. _____	6. _____