Protocol for Heart Failure

Hospital Discharge Internal Process/Protocol for Heart Failure *(COPD, CHF, Hypertension, Stroke, Heart Attack aka (Acute Myocardial Infarction)*

The following steps should be taken when a resident comes to The Cottages from the hospital for this diagnosis.

Day 1:

- ☐ Set up outside services (ex. Home health) – where applicable
- ☐ Review Fall Risk Assessment and or complete one
- ☐ Schedule a follow up Dr. Appt.
- ☐ Ensure we have resident's medication set up in Bluestep and that we have the medications available
- ☐ Coordinate with our nurse to have an assessment performed same day
- ☐ Perform frequent checks and vitals every shift x 7 days to include BP, Pulse, Resp., and Temp.
- ☐ Monitor oxygen stats. on the MAR q shift (if under 90 notify RN)
- ☐ Take daily weight measurement for entire 30days (notify RN if resident gains or loses 2 lbs.)
- ☐ Ask about Diuretics to help avoid fluid retention
- ☐ Set up a Temporary Care Plan
- ☐ Monitor frequent fluids & diet
- ☐ Check for edema daily and remind staff to assist in elevating residents' feet - Staff need to be delegated on what to report to the nurse in relationship to edema, urine, and hydration

Day 7:

- ☐ Have our nurse perform a follow up review of O2, weight, medications, nutrition log & make comprehensive notes
- ☐ Continue therapies – review home health/hospice agency notes and follow up as needed
- ☐ Add progress notes based on current progress and condition

Day 14:

- ☐ During the second week have our nurse perform a face to face nurse visit with comprehensive notes and add follow up notes
- ☐ Check and record vitals in Bluestep (BP, Pulse, Resp., Temp, and Weight)
- ☐ Obtain orders for the lab to ensure there is not infection (ensure doctor's order is in place)
- ☐ Administrator - Send a note to our resident's doctor and family to let them know how they are doing (email, fax, or phone)
- ☐ Incorporate the Temporary Care Plan into the Service Plan

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Day 21:

- Check and record vitals in Bluestep (BP, Pulse, Resp., Temp, and Weight)
- Have our nurse evaluate resident's condition, add follow up notes and notify administrator of progress.
    - Administrator contacts the doctor and discuss progress
- Administrator - Make progress notes about residents' overall condition, activity level, mood state and appetite and verify the nurse has read the notes

Day 28:

- Check and record vitals in Bluestep (BP, Pulse, Resp., Temp, and Weight)
- Have nurse and administrator review fall risk assessment
- Review resident's Service Care Plan for areas that need modified, review LOCA and submit changes to accounting

Day 30:

- Close out the BounceBack form in Bluestep to determine whether our resident was able to stay at The Cottages or went back to the hospital
- Inquire about hospice if appropriate
- Follow up with resident's doctor and discharge planner on status of our resident
    - Send handwritten personalized card
    - Email completed Protocol form to the Director of Operations and CMO (*Protocol forms are on E-binder*)
    - Send medication review fax to Dr.