



퇴원의 목표

퇴원 목표 날짜: _____ 집에 가서 만날 의사: _____

현재 나의 건강	오늘의 목표	퇴원 점검표
<p> <input type="radio"/> 녹색 <input type="radio"/> 황색 <input type="radio"/> 적색    </p>	<p>날짜: _____</p>	<p> <input type="checkbox"/> 나는 “Living with Heart Failure(심장병과 함께 살기)” 복사본이 있다. <input type="checkbox"/> 나는 매일 수치와 내 기분 (녹-황-적)을 체크한다. <input type="checkbox"/> 나는 언제 누구에게 연락할지 안다. <input type="checkbox"/> 나는 집에 저울이 있다. <input type="checkbox"/> 나는 집에 혈압 측정기가 있다. <input type="checkbox"/> 나는 내 약을 왜 그리고 어떻게 복용하는지 안다. <input type="checkbox"/> 나는 메디세트가 있다. <input type="checkbox"/> 나는 내 약값을 지불할 수 있다. <input type="checkbox"/> 나는 가정에서 지원을 받는다. <input type="checkbox"/> 나는 진료 약속에 갈 수 있다. <input type="checkbox"/> 나는 퇴원 후 7일 이내에 추적 약속이 잡혀있다. <input type="checkbox"/> 나는 퇴원 후 영양 카운슬링을 받을 수 있다. 나는 의사 소개를 받을 수 있으며 206-598-6004에 연락할 수 있다. </p>
<p>체중</p> <p>목표 체중: _____ kg/파운드</p> <p>날짜: _____ kg/파운드</p>  <p>검사</p> <p>크레아티닌: _____</p> <p>칼륨: _____</p> <p>INR: _____</p>		 
<p>생명 징후</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>액체 제한: _____</p> <p>나트륨 제한: _____ mg</p>	<p style="text-align: center;">팀에 대한 나의 질문</p>	

Patient Education
Regional Heart Center

Living with Heart Failure

After you leave the hospital

OK If I can do my normal activities without a problem:
 No shortness of breath
 Weight is stable
 No new swelling
 Normal appetite

I am OK

Warning If any symptoms are getting worse:
 Cough, spits up, or I pee or I breathe in 2 days
 Swell or increased swelling in my legs or ankles
 Harder time breathing, new cough, or I need more pillows to breathe while sleeping
 Nausea that will not go away, or I vomit
 Fatigue that is getting worse
 Increased heart rate (palpitations)

Questions?
 Regional Heart 206-598-6000 ext 206-598-6000
 Community Care Line 206-744-2100

Emergency! If my symptoms are very bad or get worse quickly:
 Chest pain that does not go away
 Severe dizzy spells or lightheaded
 Severe or sudden decrease of breath
 New confusion or I cannot think clearly





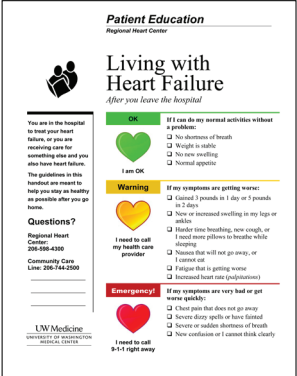

I found to call 9-1-1 right away

UW Medicine
UNIVERSITY OF WASHINGTON
MEDICAL CENTER



My Goals for Discharge from the Hospital

Goal discharge date: _____ Doctor I will see when I go home: _____

My Health Today	Today's Goals	Discharge Checklist
<p> <input type="radio"/> Green <input type="radio"/> Yellow <input type="radio"/> Red    </p>	<p>Date: _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I have the "Living with Heart Failure" handout. <input type="checkbox"/> I am tracking my numbers and how I feel (green-yellow-red) daily. <input type="checkbox"/> I know when and who to call. <input type="checkbox"/> I have a scale at home. <input type="checkbox"/> I have a blood pressure cuff at home. <input type="checkbox"/> I know why and how to take my medicines. <input type="checkbox"/> I have a mediset. <input type="checkbox"/> I can pay for my medicines. <input type="checkbox"/> I have support at home. <input type="checkbox"/> I can get to my health care appointments. <input type="checkbox"/> I have a follow-up appointment within 7 days of discharge. <input type="checkbox"/> I can have nutrition counseling after discharge. I can ask my doctor for a referral, or I can call 206-598-6004.
<p>Weight</p> <p>Goal weight: _____ kg/lbs</p> <p>Date: _____</p> <p>_____ kg/lbs</p> 		
<p>Labs</p> <p>Creatinine: _____</p> <p>Potassium: _____</p> <p>INR: _____</p>		
<p>Vital Signs</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Fluid Restriction: _____</p> <p>Sodium Restriction: _____ mg</p>	<p style="text-align: center;">My Questions for the Team</p> <p>_____</p> <p>_____</p> <p>_____</p>	