

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	
• Green • Yellow	Red	Date:	☐ I have the "Living with Heart Failure" handout. ☐ I am tracking my numbers and how I feel (green-yellow-red) daily.	Patient Education Repose Reservation Living with Heart Failure After you leave the hospital The set of the hospital The set of the hospital Set of the set of th
Weight Goal weight:kg/lbs	Annual Property of the Propert		 ☐ I know when and who to call. ☐ I have a scale at home. ☐ I have a blood pressure 	Coustions? Regional feat See Assess Community Care Limited to end See Assess Community Care Limited Community Limited
Date: kg/lbs Labs			cuff at home. I know why and how to take my medicines. I have a mediset.	
Creatinine:			☐ I can pay for my medicines.	and an and large
Potassium:INR:			☐ I have support at home. ☐ I can get to my health care appointments.	The second secon
Vital Signs		My Questions for the Team	☐ I have a follow-up appointment within 7 days of discharge.	
Fluid Restriction:			☐ I can have nutrition counseling after discharge. I can ask my doctor for a referral, or I can call 206-598-6004.	