

Success Heart Failure Discharge Plan

for

FIRST

LAST



My next follow-up visit is:

DATE

at

TIME

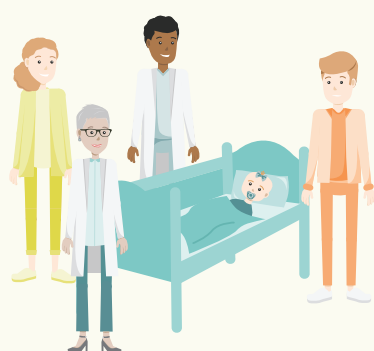
with

CARE PROVIDER

at

LOCATION

My care team can be reached at:



Your heart medicines may change often. At your next visit, **ask your care team** if any of your medicine doses need to change.

I am on the following types of heart medicine:

- ACE/ARB/ARNI: _____
- Beta Blocker: _____
- Aldosterone Antagonist: _____
- Diuretic: _____
- Heart Rhythm: _____
- Other: _____

Please see the **discharge summary** for exact dose of each heart failure medicine your child should be taking.

My vital signs at discharge:



Blood Pressure:

Oxygen Saturation:

Heart Rate:

Weight:

_____ lbs

_____ kg



My activity and diet:

My care team recommends a: Normal diet



Restricted diet: _____

My feeding plan is: _____



My fluid intake goal is: Normal intake

Set by my care team as follows:

Daily Minimum: _____ Daily Maximum: _____

My physical activity is: Not restricted



Restricted: _____

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For infants between 0–12 months, use the zones below as a guide to monitor your child after discharge and as a reference for when to contact your care team. In case of emergency, call 911.



GREEN ZONE

Your infant is doing great!

My infant has:

- No trouble breathing or breathing is at baseline
- Ability to eat normally and complete their feeds
- No swelling in their face, eyelids, legs, feet, or abdomen
- Been gaining weight appropriately

What to do: Continue current plan.



YELLOW ZONE

Your infant may have worsening heart failure.

My infant has:

- Shortness of breath, especially with feedings or activity
- Increased fatigue, taking more breaks than normal when feeding but is still able to complete
- Mild swelling in their face, eyes, legs, feet, or abdomen
- Not gained weight appropriately

What to do: (check all that apply)

- Make the following changes to your diuretic medicine: _____
- Call your care team for further advice.



RED ZONE

Your infant has concerning signs of heart failure, requiring evaluation.

My infant has:

- Shortness of breath or trouble breathing at rest
- No energy and is unable to eat
- A lot of swelling in their face, eyelids, legs, feet, or abdomen
- Nausea, vomiting, especially after eating
- Not gained weight appropriately and has lost weight
- No relief of symptoms after using the diuretic action plan for _____ days

What to do: Call your care team for further advice.