

**Appendix 1. Example of Clinical Summary from Hospital/Vendor A**

**After Visit Summary**  
**2014 Admission**

**About your hospitalization**

You were admitted on: 2014      You last received care in the: 4N CARDIAC  
You were discharged on: 2014      Unit phone number:

**Problems Addressed During this Admission**

HTN (hypertension)  
Past heart attack  
Arthritis  
SOB (shortness of breath)  
Accelerated hypertension  
♦ Pulmonary edema cardiac cause  
Respiratory failure with hypercapnia

**Follow-up Information**

Call CARDIOVASCULAR (make appointment with Dr. for next  
week, call Monday am )  
Contact information:  
Michigan

Follow up with , MD.  
Contact information:

call to make appointment

**After Discharge Care Arranged for You**

Home Care Agency Services      Most Recent Value  
Home Care Agencies      RN      Home Care Phone:      Fax:

**Your To Do List**

Future Orders      Complete By      Expires  
Ambulatory referral to Home Health      As directed

Comments:  
Please evaluate for admission to Home Health.

Phone Number:  
Date of Birth:

Disciplines requested: Home Health Aide

Person to contact: Patient

Patient is aware of referral: yes

Physician to follow (the person listed here will be responsible for signing ongoing orders): PCP

Requested Start of Care Date: Next Week

Special Instructions: none

<b>B-natriuretic peptide</b> Questions: Copy to Patient: Yes DEPARTMENT: CRU	As directed	/2015
<b>Basic panel</b> Questions: Copy to Patient: Yes DEPARTMENT: CRU	As directed	/2015
<b>CBC WITHOUT DIFF</b> Questions: Copy to Patient: Yes DEPARTMENT: CRU	As directed	'2015
<b>Magnesium</b> Questions: Copy to Patient: Yes DEPARTMENT: CRU	As directed	/2015

#### Medication List

##### START taking these medications

	Last Dose Taken	AM	Noon	PM	Bedtime	Next Dose Due
<b>aspirin 81 MG chewable tablet</b> Take 1 tablet by mouth daily. Dose: 81 mg						
<b>atorvastatin 20 MG tablet</b> Take 1 tablet by mouth nightly. Dose: 20 mg Commonly known as: LIPITOR						
<b>furosemide 20 MG tablet</b> Take 1 tablet by mouth take twice daily at 9am and 5pm. Dose: 20 mg Commonly known as: LASIX						
<b>potassium chloride SA 20 MEQ tablet</b> Take 1 tablet by mouth daily. Dose: 20 mEq Commonly known as: K-DUR, KLOR-CON M20						
<b>Prasugrel 10 MG Tabs tablet</b> Take 1 tablet by mouth daily. Dose: 10 mg Commonly known as: EFFIENT						

##### CONTINUE taking these medications

	Last Dose Taken	AM	Noon	PM	Bedtime	Next Dose Due
<b>hydrocodone-acetaminophen 5-325 MG per</b>						

**tablet**  
 Take 2 tablets by mouth every 4 hours as needed  
 - for Pain.  
 Dose: 2 tablet  
 Commonly known as: NORCO

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**CHANGE how you take these medications**

	Last Dose Taken	AM	Noon	PM	Bedtime	Next Dose Due
<b>carvedilol 6.25 MG tablet</b> Take 1 tablet by mouth 2 times daily (with meals). Dose: 6.25 mg Commonly known as: COREG <b>What changed:</b> - medication strength - how much to take						
<b>losartan 25 MG tablet</b> Take 0,5 tablets by mouth daily. Dose: 12.5 mg Commonly known as: COZAAR <b>What changed:</b> - medication strength - how much to take						

**Where to Get Your Medications**

These are the prescriptions that you need to pick up.

**You may get the following medications from any pharmacy**

- aspirin 81 MG chewable tablet
- atorvastatin 20 MG tablet
- carvedilol 6.25 MG tablet
- furosemide 20 MG tablet
- losartan 25 MG tablet
- potassium chloride SA 20 MEQ tablet
- Prasugrel 10 MG Tabs tablet

**Immunizations Administered for This Admission**

Never Reviewed

No immunizations on file.

**Patient Belongings**

	Most Recent Value
<b>Valuables</b>	
Dentures	None
Vision - Corrective Lenses	None
Hearing Aid	None
Jewelry	Ring, Watch
Clothing	Pants, Shirt/Tops, Footwear, Socks
Valuables Given To	None
<b>Patient Medications</b>	
Medications brought by patient?	Yes
Disposition of Medications	Other (Comment)

**Vitals**

None

**Allergies as of '2014**

Allergen	Reactions
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**Nitrofurantoin**  
**Penicillins**

**Lab Results (Last 24 Hours)**

**\*\* No Results found for the last 24 hours. \*\***

**Patient Instructions**

Advised to take meds as prescribed. Go for lab draw on Wednesday for CBC, BMP, Magnesium and BNP.  
Come to ER if your symptoms worsen.  
Patient needs to f/u with EP for repeat ECHO in 3 months for evaluation of ejection fraction, to decide need for ICD.

**Post Cardiac Catheterization Discharge Instructions**

**Activity:**

YOU WILL BE HAVING A HOME HEALTH CARE NURSE CALL TOMORROW TO SET UP VISITS

- Do not lift, carry, push or pull items over 10 pounds for one week after your procedure.
- If you had a stent implanted, carry your stent card with you at all times.-- yes
- Carry Angioseal card with you. If need to go to hospital or Drs. take recent admission information

**Care of the Catheterization Site:**

- If bleeding occurs at the site, lie down, apply firm, direct pressure and call 911. DO NOT DRIVE TO ER.
- You may shower .
- No tub baths, hot tubs or swimming for one week
- Call your physician right away if sudden pain or swelling occur at the catheterization site.
- Keep dry- right groin

**Symptoms to Report to Your Physician:**

- Drainage, redness, warmth, swelling, pain, or a lump at the catheterization site.
- Numbness, tingling, discoloration, or pain in either leg.
- Temperature over 100 degrees after taking your temperature twice, four hours apart.
- Chest pain.
- Shortness of breath that is new or increasing.
- Chronic fatigue
- Increased or new swelling of the hands or feet.
- Rash or hives.
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**. Heart Failure**

- Heart failure (HF) is a condition in which the heart has trouble pumping blood. This means



your heart does not pump blood efficiently for your body to work well. In some cases of HF, fluid may back up into your lungs or you may have swelling (*edema*) in your lower legs. HF is a long-term (*chronic*) condition. It is important for you to take good care of yourself and follow your caregiver's treatment plan.

- CAUSES
- Health conditions:
  - **High blood pressure (*hypertension*)** causes the heart muscle to work harder than normal. When pressure in the blood vessels is high, the heart needs to pump (*contract*) with more force in order to circulate blood throughout the body. High blood pressure eventually causes the heart to become stiff and weak.
  - **Coronary artery disease (CAD)** is the buildup of cholesterol and fat (*plaques*) in the arteries of the heart. The blockage in the arteries deprives the heart muscle of oxygen and blood. This can cause chest pain and may lead to a heart attack. High blood pressure can also contribute to CAD.
  - **Heart attack (*myocardial infarction*)** occurs when 1 or more arteries in the heart become blocked. The loss of oxygen damages the muscle tissue of the heart. When this happens, part of the heart muscle dies. The injured tissue does not contract as well and weakens the heart's ability to pump blood.
  - **Abnormal heart valves** can cause HF when the heart valves do not open and close properly. This makes the heart muscle pump harder to keep the blood flowing.
  - **Heart muscle disease (*cardiomyopathy or myocarditis*)** is damage to the heart muscle from a variety of causes. These can include drug or alcohol abuse, infections, or unknown reasons. These can increase the risk of HF.
  - **Lung disease** makes the heart work harder because the lungs do not work properly. This can cause a strain on the heart leading it to fail.
  - **Diabetes** increases the risk of HF. High blood sugar contributes to high fat (*lipid*) levels in the blood. Diabetes can also cause slow damage to tiny blood vessels that carry important nutrients to the heart muscle. When the heart does not get enough oxygen and food, it can cause the heart to become weak and stiff. This leads to a heart that does not contract efficiently.
  - **Other diseases** can contribute to HF. These include abnormal heart rhythms, thyroid problems, and low blood counts (*anemia*).
- Unhealthy lifestyle habits:
  - **Obesity.**
  - **Smoking.**
  - **Eating foods high in fat and cholesterol.**
  - **Eating or drinking beverages high in salt.**
  - **Drug or alcohol abuse.**
  - **Lack of exercise.**
- SYMPTOMS
- HF symptoms may vary and can be hard to detect. Symptoms may include:
  - Shortness of breath with activity, such as climbing stairs.
  - Persistent cough.
  - Swelling of the feet, ankles, legs, or abdomen.
  - Unexplained weight gain.
  - Difficulty breathing when lying flat.
  - Waking from sleep because of the need to sit up and get more air.
  - Rapid heartbeat.
  - Fatigue and loss of energy.
  - Feeling lightheaded or close to fainting.
- DIAGNOSIS
- A diagnosis of HF is based on your history, symptoms, physical examination, and diagnostic tests.
- Diagnostic tests for HF may include:
  - EKG.
  - Chest X-ray.
  - Blood tests.
  - Exercise stress test.
  - Blood oxygen test (*arterial blood gas*).
  - Evaluation by a heart doctor (*cardiologist*).
  - Ultrasound evaluation of the heart (*echocardiogram*).
  - Heart artery test to look for blockages (*angiogram*).

- Radioactive imaging to look at the heart (*radionuclide test*).
- TREATMENT
- Treatment is aimed at managing the symptoms of HF. Medicines, lifestyle changes, or surgical intervention may be necessary to treat HF.
- Medicines to help treat HF may include:
  - **Angiotensin-converting enzyme (ACE) inhibitors.** These block the effects of a blood protein called angiotensin-converting enzyme. ACE inhibitors relax (*dilate*) the blood vessels and help lower blood pressure. This decreases the workload of the heart, slows the progression of HF, and improves symptoms.
  - **Angiotensin receptor blockers (ARBs).** These medications work similar to ACE inhibitors. ARBs may be an alternative for people who cannot tolerate an ACE inhibitor.
  - **Aldosterone antagonists.** This medication helps get rid of extra fluid from your body. This lowers the volume of blood the heart has to pump.
  - **Water pills (diuretics).** Diuretics cause the kidneys to remove salt and water from the blood. The extra fluid is removed by urination. By removing extra fluid from the body, diuretics help lower the workload of the heart and help prevent fluid buildup in the lungs so breathing is easier.
  - **Beta blockers.** These prevent the heart from beating too fast and improve heart muscle strength. Beta blockers help maintain a normal heart rate, control blood pressure, and improve HF symptoms.
  - **Digitalis.** This increases the force of the heartbeat and may be helpful to people with HF or heart rhythm problems.
- Healthy lifestyle changes include:
  - Stopping smoking.
  - Eating a healthy diet. Avoid foods high in fat. Avoid foods fried in oil or made with fat. A dietician can help with healthy food choices.
  - Limiting how much salt you eat.
  - Limiting alcohol intake to no more than 1 drink per day for women and 2 drinks per day for men. Drinking more than that is harmful to your heart. If your heart has already been damaged by alcohol or you have severe HF, drinking alcohol should be stopped completely.
  - Exercising as directed by your caregiver.
- Surgical treatment for HF may include:
  - Procedures to open blocked arteries, repair damaged heart valves, or remove damaged heart muscle tissue.
  - A pacemaker to help heart muscle function and to control certain abnormal heart rhythms.
  - A defibrillator to possibly prevent sudden cardiac death.
- HOME CARE INSTRUCTIONS
- **Activity level.** Your caregiver can help you determine what type of exercise program may be helpful. It is important to maintain your strength. Pace your physical activity to avoid shortness of breath or chest pain. Rest for 1 hour before and after meals. A cardiac rehabilitation program may be helpful to some people with HF.
- **Diet.** Eat a heart healthy diet. Food choices should be low in saturated fat and cholesterol. Talk to a dietician to learn about heart healthy foods.
- **Salt intake.** When you have HF, you need to limit the amount of salt you eat. Eat less than 1500 milligrams (*mg*) of salt per day or as recommended by your caregiver.
- **Weight monitoring.** Weigh yourself every day. You should weigh yourself in the morning after you urinate and before you eat breakfast. Wear the same amount of clothing each time you weigh yourself. Record your weight daily. Bring your recorded weights to your clinic visits. Tell your caregiver right away if you have gained 3 lb/1.4 kg in 1 day, or 5 lb/2.3 kg in a week or whatever amount you were told to report.
- **Blood pressure monitoring.** This should be done as directed by your caregiver. A home blood pressure cuff can be purchased at a drugstore. Record your blood pressure numbers and bring them to your clinic visits. Tell your caregiver if you become dizzy or lightheaded upon standing up.
- **Smoking.** If you are currently a smoker, it is time to quit. Nicotine makes your heart work harder by causing your blood vessels to constrict. **Do not** use nicotine gum or patches before talking to your caregiver.
- **Follow up.** Be sure to schedule a follow-up visit with your caregiver. Keep all your appointments.
- SEEK MEDICAL CARE IF:
  - Your weight increases by 3 lb/1.4 kg in 1 day or 5 lb/2.3 kg in a week.
  - You notice increasing shortness of breath that is unusual for you. This may happen during rest, sleep, or with activity.
  - You cough more than normal, especially with physical activity.

- You notice more swelling in your hands, feet, ankles, or belly (*abdomen*).
- You are unable to sleep because it is hard to breathe.
- You cough up bloody mucus (*sputum*).
- You begin to feel "jumping" or "fluttering" sensations (*palpitations*) in your chest.
- **SEEK IMMEDIATE MEDICAL CARE IF:**
- You have **severe** chest pain or pressure which may include symptoms such as:
  - Pain or pressure in the arms, neck, jaw, or back.
  - Feeling sweaty.
  - Feeling sick to your stomach (*nauseous*).
  - Feeling short of breath while at rest.
  - Having a fast or irregular heartbeat.
- You experience stroke symptoms. These symptoms include:
  - Facial weakness or numbness.
  - Weakness or numbness in an arm, leg, or on one side of your body.
  - Blurred vision.
  - Difficulty talking or thinking.
  - Dizziness or fainting.
- Severe headache

**Medication:**

- Take your medications as prescribed. Do not skip doses. Carry a list of your medications with you.
- If your physician has prescribed nitroglycerine and you experience chest pain - place a nitro tablet your tongue, sit in a comfortable position and wait 5 minutes. You may take a total of 3 tablets, 5 minutes apart. If you continue to have chest pain after taking 3 nitro, call 911. Do not drive yourself to ER.
- Medications as listed on your After Visit Summary.
- Notice, your coreg was increased .
- Nitroglycerine Sublingual new prescription, follow directions

**Instructions**

Please follow the instructions below to securely access your online medical record.

**How Do I Sign Up?**

1. In your Internet browser, go to <https://www.heart.org>.
2. Click on the **Sign Up Now link in the Sign In box. You will see the New Member Sign Up page.**
3. Enter your                      Activation Code exactly as it appears below. You will not need to use this code after you've completed the sign-up process. If you do not sign up before the expiration date, you must request a new code.

**Activation Code:**

Expires:    '2015 12:07 PM

4. Enter the last four digits of your Social Security Number and Date of Birth (mm/dd/yyyy) as indicated and click **Submit**.
5. Create a                      username.
  - It must be 5 characters long, but not more than 20.
  - Your username cannot be changed, so think of one that is secure and easy to remember.
  - It is not case sensitive.

6. Create a \_\_\_\_\_ password.
  - o Your password must be different than your \_\_\_\_\_ username.
  - o It must be at least 6 characters long, but not more than 20.
  - o You must use a combination of letters and at least one number.
  - o **It is case sensitive.**
  - o You can change your password at any time.
7. Enter your Password Reset Question and Answer. This can be used at a later time if you forget your password.
8. Enter your e-mail address. You will receive an e-mail notification from **donotreply@\_\_\_\_\_ .org when new information is available in your account. Please add this email to your address book or safe sender list so your notices aren't marked as junk mail.**
9. Click **Sign Up**. You will be taken to the \_\_\_\_\_ **Terms and Conditions, which you need to review and accept before proceeding to your electronic medical record.**

#### **Additional Information**

For 24-hour assistance with \_\_\_\_\_, please call the \_\_\_\_\_ Help Desk at \_\_\_\_\_  
Remember, \_\_\_\_\_ is NOT to be used for urgent needs. For medical emergencies, dial **911**.

#### **Additional Information**

**IF YOU ARE A SMOKER OR HAVE SMOKED IN THE LAST 12 MONTHS, WE ENCOURAGE YOU TO EXPLORE OPTIONS FOR QUITTING.**

#### **If admitted for Pneumonia:**

"I understand that the pneumonia vaccine is recommended for people 65 years of age and older AND people aged between 5 and 64 years who are considered high risk for infections. This includes people who have diabetes, kidney problems, heart problems, or lung problems. It should be repeated every 5-10 years if received before age 65. The flu vaccine should be given every year for people age 6 months and older."

#### **If admitted for a Heart Condition:**

I understand:

- Regular activity within my limitations is important for my health.
- Eating a low fat and low cholesterol diet with plenty of fruits and vegetables can reduce my chance of suffering a future heart attack.
- Weighing myself daily and reporting a gain of 2-3 pounds a day and/or 5-6 pounds a week to my physician is important.
- If any of my symptoms worsen, I am to contact my doctor or go to the nearest emergency department.

#### **If admitted for TIA or Stroke:**

I understand that by carefully controlling and monitoring any of the risk factors listed, I can decrease my risk of future stroke:

- High Blood Pressure (hypertension)
- High Blood Cholesterol (hyperlipidemia)
- Diabetes
- Smoking
- Alcohol Abuse
- Drug Abuse

#### **Remember FAST scale:**

**F** for face= is there face weakness

**A** for arm= weakness in one arm

**S** for speak=can person speak or follow directions?

**T** for time=**call 911 immediately**

**PLEASE BRING THIS AFTER VISIT SUMMARY WITH YOU TO YOUR NEXT DOCTOR APPOINTMENT.**

**I HAVE BEEN INSTRUCTED, UNDERSTAND AND CAN PRACTICE THE INFORMATION**



PROVIDED ON THIS FORM RE: MEDICATIONS, DISCHARGE PLAN AND FOLLOW UP APPOINTMENTS.

Pt/Guardian Signature: \_\_\_\_\_

Other Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_