### VNA Clinical Pathway: Congestive Heart Failure (CHF)

#### Recommended Visit Schedule:
- Week 1: Visit daily for 2-3 days, then every other day
- Weeks 2 and 3: Visit twice each week and make one phone assessment
- Week 4,5,6: Visit once each week, consider re-certification
- Week 7: Phone assessment, schedule next week’s re-certification or discharge visit
- Week 8: Visit once for re-certification or discharge

### Goals to achieve in Plan of Care:
- Will identify early warning signs of CHF exacerbation and when to seek medical intervention
- Will be able to discuss CHF disease process as well as signs and symptoms
- Will be able to discuss the purpose and side effects of each medication
- Will weigh daily and keep record of weights
- Will incorporate routine exercise into activities of daily living
- Will prevent re-hospitalization for exacerbation of CHF while under care of VNA

<table>
<thead>
<tr>
<th>Date(s) Achieved/Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
</tbody>
</table>

#### Week 1 Visits
1. **Physical Assessment, including weight**
2. **Case Manager to review medical history obtained in SOC**
3. **Patient Expectations**
   - a. Patient Goals
   - b. Review visit frequency, write out visit schedule
4. **Barriers to learning**
   - a. Depression Assessment – if positive, discuss with physician
   - b. Pain Assessment – 1 – 10 scale, what has helped relieve pain in past
5. **Medications**
   - a. Reconciliation with hospital discharge orders and confirm with physician
   - b. Meds appropriate? (on diuretic, beta blocker, ACEi or ARB?)
   - c. Document all prescribed meds, OTC meds and herbal products
6. **Plan of Care and anticipated outcome – discuss with patient, family, and/or caregiver**
   - a. Discuss use of clinical pathway
   - b. Improved and stable health status
   - c. Patient self-management
7. **Instruction to provide**
   - a. Dietary and fluid restriction if applicable
   - b. Monitoring fluid balance by recording daily weight
   - c. Discuss one medication each visit

#### Week 2 Visits
1. **Physical Assessment, including weight**
2. **Review instruction completed during previous VNA visit. Any questions?**
3. **Instruction to provide**
   - a. When and how to contact VNA or physician questions or decline in health
   - b. Importance of follow-up physician appointments (PMP, Cardiologist)
   - c. How to assess presence of edema (lower extremities and abdomen)
   - d. One new medication each visit

#### Week 3 Visits

<table>
<thead>
<tr>
<th>Date(s) Achieved/Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
<tr>
<td>_________________________</td>
</tr>
</tbody>
</table>

---

Page 1 of 2

Pink copy to office/ yellow copy to patient

VNA CHF Clinical Pathway CP1

Rev. 10/10
1. Physical Assessment, including weight
2. Review instruction completed during previous VNA visit. Any questions?
3. Instruction to provide
   a. What is CHF?
   b. Signs and symptoms of CHF
   c. One new medication each visit
   d. Obtain prn diuretic order if applicable

**Week 4 Visit**

1. Physical Assessment, including weight
2. Review instruction completed during previous VNA visit. Any questions?
3. Instruction to provide
   a. What can cause exacerbation of CHF?
   b. Smoking cessation, if applicable
   c. One new medication each visit
   d. Review goals to achieve in Plan of Care, document those achieved

**Week 5 Visit**

1. Physical Assessment, including weight
2. Review instruction completed during previous VNA visit. Any questions?
3. Instruction to provide
   a. One new medication and prn diuretic use if applicable
   b. Review MD appointment, any changes in Plan of Care?
   c. Review goals to achieve in Plan of Care, document those achieved

**Week 6 Visit**

1. Physical Assessment, including weight
2. Review instruction completed during previous VNA visit. Any questions?
3. Instruction to provide
   a. One new medication and prn medications
   b. Review goals to achieve in Plan of Care, document those achieved
   c. Consider continuation of home care services (re-cert) or begin discharge planning

**Week 7 Telephone Call**

1. Have you had any shortness of breath?
2. Have you had any edema or weight gain?
3. Have you had any pain?
4. How much did you weigh this morning?
5. Have you had any dizziness?
6. Have you had a cough?
7. Do you have any questions?

**Week 8 Visit (Re-Certification or Discharge)**

1. Physical Assessment, including weight
2. Review instruction given, using Goals for Plan of Care as guide
3. Instruction to provide
   a. When to notify physician (if discharging from VNA)
   b. Review medication list and knowledge of medications
   c. Importance of follow-up with physician, when is next appointment?