

UCLA Medical Center Cardiovascular Patient Discharge Checklist

Physician Completion Required

Please answer these questions, if your patient has one or more of the following diagnoses:

Diagnosis	Intervention	Yes	No	If No, why not?
<input type="checkbox"/> CAD, CVD, PVD, or Diabetes (exclude acute CVA)	Aspirin (clopidogrel if ASA allergy)			<input type="checkbox"/> Active Bleeding <input type="checkbox"/> Allergy <input type="checkbox"/> Other _____
	Beta-Blocker			<input type="checkbox"/> Decompensated HF <input type="checkbox"/> 2 nd /3 rd heart block <input type="checkbox"/> Severe Asthma/COPD <input type="checkbox"/> Intolerance <input type="checkbox"/> Symptomatic bradycardia <input type="checkbox"/> Other _____
	ACE Inhibitor (ARB if ACEI intolerant)			<input type="checkbox"/> Allergy/Intolerance <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> Other _____
	Statin (or combination Rx) (irrespective of LDL)			<input type="checkbox"/> Contraindication <input type="checkbox"/> Other _____
Diagnosis	Intervention	Yes	No	If No, why not?
<input type="checkbox"/> AMI / ACS	Aspirin			<input type="checkbox"/> Active Bleeding <input type="checkbox"/> Aspirin Allergy <input type="checkbox"/> Other _____
	Clopidogrel			<input type="checkbox"/> Active Bleeding <input type="checkbox"/> Allergy/Intolerance <input type="checkbox"/> Other _____
	Beta-Blocker			<input type="checkbox"/> Decompensated HF <input type="checkbox"/> 2 nd /3 rd heart block <input type="checkbox"/> Severe Asthma/COPD <input type="checkbox"/> Intolerance <input type="checkbox"/> Symptomatic bradycardia <input type="checkbox"/> Other _____
	ACE Inhibitor (ARB if ACEI intolerant)			<input type="checkbox"/> Allergy/Intolerance <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> Other _____
	Statin (or combination Rx) (irrespective of LDL)			<input type="checkbox"/> Contraindication <input type="checkbox"/> Other _____
Diagnosis	Intervention	Yes	No	If No, why not?
<input type="checkbox"/> Heart Failure EF= _____%	ACE Inhibitor (ARB if ACEI intolerant)			<input type="checkbox"/> Allergy/Intolerance <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> Other _____
	Beta-Blocker (evidence based, titrate to target doses as outpatient)			<input type="checkbox"/> Decompensated HF <input type="checkbox"/> 2 nd /3 rd heart block <input type="checkbox"/> Severe Asthma/COPD <input type="checkbox"/> Intolerance <input type="checkbox"/> Symptomatic bradycardia <input type="checkbox"/> Other _____
	Aldosterone Antagonist (closely monitor K+)			<input type="checkbox"/> Allergy/Intolerance <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> CKD <input type="checkbox"/> Other _____
	Discharge Instructions (all six JCAHO instructions)			<input type="checkbox"/> Patient refused
Diagnosis	Intervention	Yes	No	If No, why not?
<input type="checkbox"/> Smoking	Cessation Counseling and NRT Prescription Offered			<input type="checkbox"/> Patient refused
Diagnosis	Intervention	Yes	No	If No, why not?
<input type="checkbox"/> Atrial Fibrillation	Warfarin (coumadin) (Aspirin if absolute contraindication to warfarin)			<input type="checkbox"/> Lone atrial fibrillation (age<65, no H/O stroke, no HF, no structural heart disease) <input type="checkbox"/> Active bleeding <input type="checkbox"/> Allergy <input type="checkbox"/> Other _____

Non applicable – Palliative/Hospice Care

Physician Signature

Physician Name (Print)

Beeper

Date