**SDC 1: HHC Visit Log**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Visit #1** | **Visit #2** | **Visit #3** | **Visit #4** |
| **Date** |  |  |  |  |
| **Visit Activities Performed** |
| **Vital signs** |  |  |  |  |
| **Assess lung sounds and cardiac rhythm for signs/symptoms of heart failure or worsening cardiopulmonary status** |  |  |  |  |
| **Assess for signs of edema (pedal; lower back), changes in weight, alterations in prescribed medications** |  |  |  |  |
| **Determine if the patient has been adherent with fluid and diet restrictions, as well as medication administration. Provide remedial education if necessary.**  |  |  |  |  |
| **Answer patient questions**  |  |  |  |  |
| **Contact patient’s primary care provider** | **No changes ordered** |  |  |  |  |
| **Changes ordered** |  |  |  |  |
| **Other:** |  |  |  |  |
| **Problems Identified During Visit** |
| **Evidence of Worsening Heart Failure** | **Weight increase** |  |  |  |  |
| **Edema** |  |  |  |  |
| **Pulmonary rales / crackles at lung bases** |  |  |  |  |
| **Shortness of breath** |  |  |  |  |
| **Difficulty walking short distances** |  |  |  |  |
| **Patient not keeping a daily weight record** |  |  |  |  |
| **Patient not adhering to prescribed medications** |  |  |  |  |
| **Patient not adhering to sodium restrictions** |  |  |  |  |
| **Patient not adhering to fluid restrictions** |  |  |  |  |
| **Patient not understanding medication regime** |  |  |  |  |
| **Patient not understanding fluid or sodium restrictions** |  |  |  |  |
| **Other:**  |  |  |  |  |