

AHA Discharge Form

(Revised 10-17-00)

Medical Record #:

Patient Name:

Location:

Admit Date:

Discharge Date:

Physician:

| | | |
|---|--|--|
| Demographic | Age: ____years or Date of Birth: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: <input type="checkbox"/> white <input type="checkbox"/> black/african american <input type="checkbox"/> asian <input type="checkbox"/> hispanic <input type="checkbox"/> native american <input type="checkbox"/> multiracial <input type="checkbox"/> other <input type="checkbox"/> don't know | |
| Cardiac Diagnosis | <input type="checkbox"/> Chest pain, r/o MI <input type="checkbox"/> Confirmed AMI <input type="checkbox"/> CHF, Pulmonary edema <input type="checkbox"/> Coronary artery disease <input type="checkbox"/> Unstable Angina <input type="checkbox"/> Syncope <input type="checkbox"/> Cerebral vascular disease <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> Other | |
| Procedures | <input type="checkbox"/> None <input type="checkbox"/> Cardiac catheterization <input type="checkbox"/> PTCA <input type="checkbox"/> PTCA with stent <input type="checkbox"/> PCI <input type="checkbox"/> Echocardiogram <input type="checkbox"/> RVG <input type="checkbox"/> ETT <input type="checkbox"/> Nuclear ETT <input type="checkbox"/> Coronary artery bypass graft <input type="checkbox"/> Cardiac valve <input type="checkbox"/> MUGA <input type="checkbox"/> Exercise Echo <input type="checkbox"/> Other | |
| What does the patient's past history include? | <input type="checkbox"/> Previous MI <input type="checkbox"/> Angina <input type="checkbox"/> Heart failure <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Renal insufficiency <input type="checkbox"/> Smoker (within the past year) <input type="checkbox"/> No regular exercise (<30min. 3x/wk) <input type="checkbox"/> PVD <input type="checkbox"/> Stroke <input type="checkbox"/> COPD <input type="checkbox"/> Atrial fibrillation <input type="checkbox"/> None of the above | |
| Height/Weight: | Hgt: ____ inches Wgt: ____lbs BMI: ____ | |
| Blood pressure | ____ / ____ mm/Hg | |
| Lipids, HbA1C (if diabetic) | Total Chol: ____ mg/dL HDL: ____ mg/dL LDL: ____ mg/dL Triglycerides: ____ mg/dL HbA1C: ____mg/dL | |
| Ejection fraction: | ____ % | |
| Discharge Status | <input type="checkbox"/> 01 - Discharge home <input type="checkbox"/> 07 - Left against advice <input type="checkbox"/> 02 - Discharge to another hospital <input type="checkbox"/> 10 - Transfer to chronic or rehabilitation hospital <input type="checkbox"/> 03 - Discharge to skilled nursing facility (SNF) <input type="checkbox"/> 11 - Discharge to mental health setting <input type="checkbox"/> 04 - Discharge to intermediate care facility (ICF) <input type="checkbox"/> 12 - Discharge other <input type="checkbox"/> 06 - Discharge home health care organization <input type="checkbox"/> 20 - Expired | |
| Antiplatelets/coagulants: | <input type="checkbox"/> Aspirin (80-325 mg/d) <input type="checkbox"/> Coumadin (Warfarin) <input type="checkbox"/> Ticlid/Plavix/Other <input type="checkbox"/> Check if taking prior to admission <input type="checkbox"/> Contraindications | |
| ACE Inhibitors: | <input type="checkbox"/> None <input type="checkbox"/> None contraindicated <input type="checkbox"/> :_____ <input type="checkbox"/> ACE contraindicated, ARB:_____ | <input type="checkbox"/> Taking prior to admission |
| Beta Blockers | <input type="checkbox"/> None <input type="checkbox"/> None contraindicated <input type="checkbox"/> :_____ <input type="checkbox"/> Taking prior to admission | <input type="checkbox"/> Taking prior to admission |
| Cholesterol Reducer | <input type="checkbox"/> None <input type="checkbox"/> None contraindicated <input type="checkbox"/> :_____ <input type="checkbox"/> Taking prior to admission | <input type="checkbox"/> Taking prior to admission |
| Other meds at discharge | <input type="checkbox"/> Ca++ channel blockers <input type="checkbox"/> Other anti-hypertensive <input type="checkbox"/> Nitrates <input type="checkbox"/> Digoxin <input type="checkbox"/> Diuretics <input type="checkbox"/> Diabetes medication <input type="checkbox"/> Other <input type="checkbox"/> None | |
| Referred to outpatient Cardiac Rehab Program? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Risk Interventions | <input type="checkbox"/> smoking cessation <input type="checkbox"/> weight management <input type="checkbox"/> activity recommendations <input type="checkbox"/> low cholesterol diet (Step II AHA or equivalent) <input type="checkbox"/> anti-hypertensive diet | |