**DISCHARGE LETTER**

Community Cardiology and Respiratory Service

Heart Failure team

Email: [imperial.hfu@nhs.net](mailto:imperial.hfu@nhs.net)

Telephone: 0203 312 3290

HFSN contact: [NAME], phone, email

**Dear Dr Makemewell,**

**DISCHARGE PLAN / ACTIONS**

**Please do not alter the optimised doses of heart failure prognostic medication; unless:**

* *Systolic Blood Pressure < 90 and symptomatic*
* *Heart Rate <50 bpm*
* *a > than 50% deterioration in renal function, or if 2 potassium >5.5.*

**In accordance with NICE guidelines for HFrEF patients, please undertake at least annually:**

* *Review of symptoms*
* *BP*
* *Bloods, including UE, LFT, FBC, TFT*
* *ECG*

**In case of a deterioration in signs and/or symptoms please undertake NT-pro BNP – if elevated from baseline, please refer back to the HF team. If symptoms of decompensated HF (fluid overload) please increase diuretics while waiting for review if safe to do so.**

If **NT-pro BNP** is normal – consider other diagnoses of symptoms.

**PATIENT SUMMARY**

Mr Smith has been seen regularly by the Heart Failure team since 04/01/2020 and has a good understanding of their condition and self-management tools, such as daily weights and medication adherence.

Mr Smith is on maximal tolerated disease modifying medications for heart failure with reduced ejection fraction and has been stable and euvolemic for the last three months, we are therefore discharging Mr Smith back to your care.

Mr Smith has our Heart Failure Team contact details and knows to contact us if any change in condition or symptoms.

**Optimisation of heart failure medications and restrictions in maximising doses**

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| --- | --- | --- | --- |
| Drug / Name | Dose | Frequency | If not taking / or on maximum dose, why?  (Hypotension / renal dysfunction / bradycardia / hyperkalaemia/ other -  please state) |
| ACEi / Ramipril | 5mg | 2 x daily |  |
| ARB |  |  |  |
| MRA / Spironolactone | 25mg | 1 x daily |  |
| Sacubitril/ Valsartan |  |  |  |
| Beta Blocker / Bisoprolol | 5mg | 2 x daily |  |
| Loop diuretic / Bumetanide | 1mg | 1 x daily |  |
| Thiazide |  |  |  |
| ISMN / ISDN |  |  |  |
| Hydralazine |  |  |  |
| Digoxin |  |  |  |
| Ivabradine |  |  |  |
| SGLT-2i / Dapagliflozin | 10mg | 1 x daily |  |

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| --- | --- | --- | --- |
| Echo summary | Aetiology | HFrEF/HFpEF | QOF Code |
| 12/01/21  RV function: 51%  LV function: 35%  Other observations:  Preserved RV systolic function.  Severely dilated LA. Mild RA dilatation.  At least moderate MR.  Mild TR, with est PASP of 49mmHg. Mild to moderate PR.  14/11/20  RV function: 47%  LV function: | Non ischaemic DCM | (HFrEF-manage with evidenced therapies) | XafeB |

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| --- | --- |
| Type of device: | Comments |
| CRT-P | Next remote review 04/01/2021 |

|  |  |  |
| --- | --- | --- |
| Other medications | Dosage | Comments |
| Apixaban | 5mg twice daily |  |
| Atorvastatin | 40mg once daily | Reduced dose as on Sacubitril / Valsartan, maximum dose |
| Carbocisteine | 375mg four times a day |  |
| Esomeprazole | 40mg once daily |  |
| Fluoxetine | 40mg once daily |  |
| Montelukast | 10mg once daily |  |
| Prednisolone | 6mg once daily |  |
| Fexofenadine | 180mg once daily |  |
| Vildagliptin | 50mg once daily |  |
| Metformin | 1g twice daily |  |
| Allopurinol | 100mg once daily |  |
| Ezetimibe | 10mg once daily |  |
| Tramadol | 50-100mg prn |  |
| Paracetamol | 1g prn |  |
| Insulin | as directed |  |
| EpiPen |  | He is allergic to pollen |
| In-halers |  |  |
| Mepolizumab Injection | Every four weeks -> Royal Brompton |  |
| Buprenorphine | 20mcg/hour transdermal patch ->change Saturday |  |

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| --- | --- | --- |
| Allergies | Intolerances | Adherence issues |
| NKDA |  | Compliant with medications |

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| --- | --- |
| Examinations on discharge |  |
| BP Sitting | 115 / 78 |
| BP Standing | 105 / 69 |
| Heart Rate | 78 bpm |
| Weight | 93.2 Kg |
| Respiratory assessment | Chest Clear |
| Oedema | Nil |
| NYHA on admission | III |
| NYHA on discharge | II |

|  |  |
| --- | --- |
| Cardiac rehab: Y / N / Declined | Comments |
| Y | Commenced programme 01/12/2020 |

Yours sincerely,

Heart Failure Nurse

**Key contact information**Routine advice community HF team :[imperial.hfu@nhs.net](mailto:imperial.hfu@nhs.net)General cardiology email advice: [Imperial.cardiologyadvice@nhs.net](mailto:Imperial.cardiologyadvice@nhs.net)Community Independent service: [**cis.3borough@nhs.net**](mailto:cis.3borough@nhs.net) HF team: Charing Cross: 0203 313 0223 | St Marys: 0203 312 3242 | Hammersmith: 0203 313 1697