



Home Health Diuretic Protocol – Data Tracking Tool

(To be completed by home health; fax to managing physician & CM* at completion of protocol episode)

Patient Name: _____ D.O.B. _____
 PCP: _____ Cardiologist: _____
 Referring Physician: _____ Physician Managing Prtcl: _____
 Hospitalized in last 3 months at: _____ (name of hospital(s))

Date	Baseline	Day 1	Day 2	Day 3	Day 4
Pt. Educ: sodium & fluid restriction, daily weights, symptom recognition, review of protocol (Y/N)					
Medication reconciliation (Y/N)					

Vital Signs:

Weight					
Temperature					
BP					
Pulse					
Respiratory rate					
Pulse Ox					
Supplemental Oxygen (r/a or # lpm)					

Labs:

Sodium					
Potassium					
CO2					
Chloride					
BUN					
Creatinine					
Mg++					

Signs & Symptoms: (Y / N unless indicated) (note: scales and definitions provided on reverse)

Dyspnea (use dyspnea scale)					
Orthopnea					
Rales					
Peripheral edema (use edema scale)					
Early satiety					
Abdominal bloating					
Chest pain					

Actions: (Y / N)

Provider contacted					
Labs drawn					
Oral diuretic doubled					
Oral diuretic doubled, Metolazone (Zaroxolyn) given					
IV diuretic given					
PRN potassium required					
Readmitted					

Notes/Comments:

Home Health Nurse Satisfaction Questions: (please circle "Yes" or "No")

1. Was this protocol easy to follow? Yes No
2. Do you feel this protocol allowed you to better respond to your patient's needs? Yes No

COMMENTS:

Patient Satisfaction Questions: (Home health nurse: please ask patients to respond verbally and circle the appropriate response below)

1. On a scale from 1 to 4, with 4 being "very quickly", how quickly do you feel your home health nurses responded to your fluid retention / weight gain? 1 2 3 4
2. Do you feel that the home health care you received to manage your fluid retention / weight gain helped you to stay out of the hospital and in your home? Yes No

COMMENTS:

Dyspnea Scale:

- None
- Better (than usual)
- Same (as usual)
- Worse (than usual)

Edema Scale:

- 1+ Mild pitting, slight indentation, no perceptible swelling of the leg
- 2+ Moderate pitting, indentation subsides rapidly
- 3+ Deep pitting, indentation remains for a short time, leg looks swollen
- 4+ Very deep pitting, indentation lasts for a long time, leg is very swollen

- * **Telehealth Coordinator (or designated home health representative):** Fax completed form to 866-490-0924, attn: Ally McCoy, at the end of episode of care (for KCMPPA-ACO quality improvement purposes, please black out all identifying information). Also, fax completed form to managing provider with PHI included.

Questions or concerns:

Contact:	Ally McCoy, MSN, RN KCMPPA-ACO Clinical Manager
Email:	ally.mccoy@kcmetrophysicians.com
Phone:	816-682-0971 (work cell) 816-977-2953 (office)