

HEART FAILURE

& COPD

PROGRAM OUTCOME

Patient Information

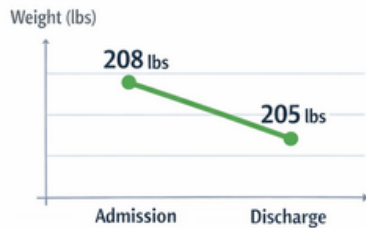
Admit Date: 1/8/26
 Facility: Touchpoints at Bloomfield
 Primary Diagnosis:
 Respiratory failure,
 Chronic Diastolic Heart Failure
 Discharge Date: 1/24/26
 Length of Stay: 16 days



Summary

73-year-old female with significant cardiac & pulmonary comorbidities admitted for acute respiratory failure. On admission, she required 8 L O₂ via OxyMizer, which was successfully weaned to 5 L via nasal cannula at discharge. She remained clinically euvolemic on daily Torsemide & completed a Prednisone taper with continued improvement in respiratory symptoms. Transitional care nursing played a key role in coordinating multidisciplinary care, reinforcing medication adherence, optimizing oxygen management, & facilitating a safe discharge plan. The patient was discharged in stable condition with appropriate outpatient follow-up, reduced oxygen requirements & no evidence of volume overload.

Weight



Laboratory Values

	Admission	Discharge
BUN	26	23
Cr	1.0	1.1
Na	141	142
K	4.6	4.4

Edema & Complications

Admission

Discharge



Increased O₂ Requirement



✓ No Edema
✓ Stable Condition

Functional Outcome



6-Minute Walk
70 ft in 1 min 42 sec



30-Day Re-Hospitalization
None

Admission

Weight

208 lbs

Laboratory Values

BUN 26, Cr 1.0, Na 141, K 4.6

Edema

None

6-Minute Walk

70 ft in 1 min and 42 seconds

CHF Protocol

Daily weights, Weekly labs,
2gm Na diet, VS Q shift

Complications and Resolutions

Increased O₂ requirement
on admission

30-Day Re-Hospitalization

No



Discharge

Weight

205 lbs

Laboratory Values

BUN 23, Cr 1.1, Na 142, K 4.4

Edema

None

6-Minute Walk

N/A

American Heart Association

Discharge packet and education
worksheets provided

Weight scale provided at discharge

Follow Up Appointments

Cardiology 2/5/26
SFH HFclinic 3/2/26
PCP 1/27/26

Discharge Destination

Home with Masonicare
able to go home on 5L O₂ via nasal cannula
Plan For Follow-Up

3, 10, 30-day follow up phone calls
post discharge



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