



# 我的出院目標








目標出院日期: \_\_\_\_\_ 我回家後將去看的醫生: \_\_\_\_\_

| 我今天的健康狀況  | 今天的目標  | 出院核查單  |
|---|--|--|
| <p>○ 綠色      ○ 黃色      ○ 紅色</p>    | <p>日期: _____</p>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> 我有「如何應對心力衰竭」手冊。</li> <li><input type="checkbox"/> 我每天都在追蹤我的各項指標和自我感覺（綠色-黃色-紅色）。</li> <li><input type="checkbox"/> 我知道什麼時候應當打電話和打電話給誰。</li> <li><input type="checkbox"/> 我家中有磅秤。</li> <li><input type="checkbox"/> 我家中有血壓計。</li> <li><input type="checkbox"/> 我知道服藥的目的和服藥方法。</li> <li><input type="checkbox"/> 我有每日藥品分裝藥盒。</li> <li><input type="checkbox"/> 我能夠支付藥費。</li> <li><input type="checkbox"/> 我家中有人提供支援。</li> <li><input type="checkbox"/> 我能前往我的健康護理約診。</li> <li><input type="checkbox"/> 我在出院後七天內有一次跟蹤約診。</li> <li><input type="checkbox"/> 我出院後有營養諮詢服務。我可以讓我的醫生給我推薦，也可以撥打電話號碼 206-598-6004。</li> </ul> |
| <p><b>體重</b></p> <p>目標體重: _____ 公斤/磅</p> <p>日期: _____</p> <p>_____ 公斤/磅</p>  <p><b>化驗</b></p> <p>肌氨酸酐: _____</p> <p>鉀: _____</p> <p>國際標準化比值 (INR) : _____</p>  | <p>_____</p>   |       |
| <p><b>生命體征</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>液量限制: _____</p> <p>鈉量限制: _____ 毫克</p>  | <p><b>我對團隊提出的問題</b></p> <p>_____</p> <p>_____</p> <p>_____</p> |  |



# My Goals for Discharge from the Hospital

Goal discharge date: \_\_\_\_\_ Doctor I will see when I go home: \_\_\_\_\_

| My Health Today  | Today's Goals  | Discharge Checklist   |
|--|--|---|
| <p> <input type="radio"/> Green      <input type="radio"/> Yellow      <input type="radio"/> Red<br/>              </p> | <p>Date: _____</p>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> I have the "Living with Heart Failure" handout.</li> <li><input type="checkbox"/> I am tracking my numbers and how I feel (green-yellow-red) daily.</li> <li><input type="checkbox"/> I know when and who to call.</li> </ul>   |
| <p><b>Weight</b></p> <p>Goal weight: _____ kg/lbs</p> <p>Date: _____</p> <p>_____ kg/lbs</p>    |  | <ul style="list-style-type: none"> <li><input type="checkbox"/> I have a scale at home.</li> <li><input type="checkbox"/> I have a blood pressure cuff at home.</li> </ul>  |
| <p><b>Labs</b></p> <p>Creatinine: _____</p> <p>Potassium: _____</p> <p>INR: _____</p>  |  | <ul style="list-style-type: none"> <li><input type="checkbox"/> I know why and how to take my medicines.</li> <li><input type="checkbox"/> I have a mediset.</li> <li><input type="checkbox"/> I can pay for my medicines.</li> </ul>   |
| <p><b>Vital Signs</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Fluid Restriction: _____</p> <p>Sodium Restriction: _____ mg</p>   | <p><b>My Questions for the Team</b></p> <p>_____</p> <p>_____</p> <p>_____</p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> I have support at home.</li> <li><input type="checkbox"/> I can get to my health care appointments.</li> <li><input type="checkbox"/> I have a follow-up appointment within 7 days of discharge.</li> <li><input type="checkbox"/> I can have nutrition counseling after discharge. I can ask my doctor for a referral, or I can call 206-598-6004.</li> </ul>    |

**Patient Education**  
Regional Heart Center

**Living with Heart Failure**  
After you leave the hospital

**OK** If I can do my normal activities without a problem:

- No dizziness or fainting
- Weight is stable
- No new swelling
- Normal appetite

I am OK

**Warning** If any symptoms are getting worse:

- Cough or phlegm is 1/2 cup or greater in 2 days
- New or increased swelling in my legs or ankles
- Harder time breathing, new cough, or I need more pillows to breathe while sleeping
- Nausea that will not go away, or I cannot eat
- Fatigue that is getting worse
- Increased heart rate (palpitations)

**Emergency!** If any symptoms are very bad or get worse quickly:

- Chest pain that does not go away
- Severe dizziness or fainting
- Severe or sudden decrease of breath
- New confusion or I cannot think clearly

I need to call 9-1-1 right away

**Questions?**  
Regional Heart Center  
206-598-6000  
Community Care Line: 206-744-2300

LW Medicine  
UNIVERSITY OF WASHINGTON  
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