

C-A-R-E for Nurses

Living with heart failure is tough. Health care providers may not make their instructions clear, or may not be aware that the patients have misunderstood information. Medications can be expensive, and financial worries are a factor that patients may be reluctant to discuss. Nurses are pressed for time, trying to discharge patients from the hospital, so they can readmit another acutely ill individual. These competing demands can be a barrier to effective discharge teaching.

The American Association of Heart Failure Nurses (AAHFN) wants you to know that we understand the challenges associated heart failure patient education, and we CARE about helping nurses deliver information that can help the patients stay as healthy as possible. The Patient Education Committee for the AAHFN has developed a mnemonic to aid nurses in organizing care for heart failure patients. Templates are also included, which can make this an easy-to-pull-out wallet card or badge-buddy. A version of this mnemonic on a wallet card is also available in a patient-centered version, which could be printed and distributed to patients as teaching tools.

C – A – R – E

“**C**” stands for **Connect** with the health care team and **Clarify** the plan of care. Medication regimens and treatment plans get changed frequently during a hospitalization, especially as the disease progresses. It may not always be clear what the patient needs to take or do after discharge. Are they on the right medications to manage their heart failure? What should their fluid restriction be at home as they transition back to their home dietary patterns? Medication reconciliation is one of a nurse’s most important jobs and can be life-saving for patients. Clarify this information so that you can make it clear to the patient and their family.

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HEART FAILURE AWARENESS WEEK 2019

“**A**” stands for **Assess**. Nursing assessment is fundamental to everything we do. When teaching patients about chronic diseases and preparing them for discharge, assess the patient’s mindset. Are they ready to hear all that you have to say? Decide whether you can teach the patient alone, or if they need a family member to be available to hear the information. What format is best to present the information? The nurse should assess and adjust the information presented to the patient to optimize their understanding.

“**R**” stands for **Reinforce**. We all know that discharge planning and teaching should begin on admission, but even when that is done, patients and family members may forget concepts over the course of an acute illness. Reinforce key concepts during your teaching. You want to avoid information overload if possible, but patients and family members generally want to know what they can do to help themselves. Reinforce diet and fluid restrictions, medication usage, who to call and when to call, follow-up appointments, daily weights and blood pressure checks.

“**E**” stands for using **Evidence-based** interventions to help patients learn. In heart failure, the term “evidence-based” is generally used in regard to medication and treatment regimens. While those guidelines are very important, we want nurses to remember that there are evidence-based techniques for teaching patients. The teach-back method, for example, is widely used in providing education. This strategy has the patient “teach” the information back to the nurse to clarify apparent knowledge gaps. For more information about evidence-based patient education techniques, as well as key topics to be taught in heart failure education, visit [https://www.heartandlung.org/article/S0147-9563\(15\)00002-3/pdf](https://www.heartandlung.org/article/S0147-9563(15)00002-3/pdf)

The AAFHN hopes to ease the burdens of living with heart failure as much as we can through helping patients understand their disease and plan of care. Please visit our [patient education website](#) for helpful tip sheets and resources for patient teaching.

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