

Key to heart failure patients doing well and staying out of the hospital

## **Roles, Tools & Techniques in Establishing and Adjusting Target Weight** in Different Clinical Settings

Target Weight (TW) provides a valuable reference point from which to identify and prevent Heart Failure exacerbation and for the whole care team to coordinate care and self-care.

	<b>Hospital</b> Daily re-evaluation	Office Re-evaluation at each contact	SNF Daily re-evaluation	Home Health Re-evaluation at each contact	Cardiac Rehab Re-evaluation at each contact		
Physician / APP	Establish & Document TW EMR or Patient reported TW, CXR,CVP, RHC, JVP, BNP, Lung sounds, heart sounds edema, SOB, DOE, orthopnea, ability to perform ADL's	Establish & Document TW, EMR or Patient reported TW, JVP, Lung sounds, heart sounds, edema, SOB, DOE, orthopnea, ability to perform ADL's	Establish & Document TW EMR or Patient reported TW, JVP, Lung sounds, heart sounds, edema, SOB, DOE, orthopnea, ability to perform ADL's				
RN	Identify patients with HF diagnosis, coordinate establishment and adjustment of TW. Teach patient & caregivers about TW and its role in HF self-care and when to act. • Document TW in Lifestyle tab • Document in the Care Coordination note if the provider states the patient is not being monitored by TW	Identify patients with HF diagnosis, coordinate establishment and adjustment of TW. Teach patient & caregivers about TW and its role in HF self-care and when to act.  • Confirm with patient their home TW • Review with provider for accuracy • Document TW in Lifestyle tab • Document in the Care Coordination note if the provider states the patient is not being monitored by TW	Consult with SNF Provider EMR or Patient reported TW, Lung sounds, edema, SOB, DOE, orthopnea, ability to perform ADL's. Teach patient & caregivers about TW and its role in HF self-care and when to act.	Consult with Provider EMR or Patient reported TW, Lung sounds, edema, SOB, DOE, orthopnea, ability to perform ADL's. Teach patient & caregivers about TW and its role in HF self-care and when to act.	Consult with Provider EMR or Patient reported TW, Lung sounds, edema, SOB, DOE, orthopnea, ability to perform ADL's. Teach patient & caregivers about TW and its role in HF self-care and when to act.		
Medical Assistant / LPN		If no TW documented in banner the MA will research the EMR for a documented TW and:  • Confirm with patient their home TW • Review with provider for accuracy • Document TW in Lifestyle tab • Document in the Care Coordination note if the provider states the patient is not being monitored by TW		<ul> <li>KEY POINTS</li> <li>Target Weight is not intended to be a precise metric. It is an estimate of the weight where the patient is stable on appropriate medications using clinical</li> </ul>			
Care Mgr / Care Coord	The care manager is responsible to when no TW is documented. The c	o check for documented TW for any patient w are manager is responsible to also asses pat	vith a diagnosis of CHF and to flag the provid tient's awareness of TW, to teach the patient		judgement, H & P and other techniques and tools as available.		

For more how to and additional information, visit

(outpatient)

MaineHealth

- and tools as available.
- Frequent reassessment of Target Weight is required in the setting of caloric weight gain or loss
- All clinicians including ancillary members (CNA, MA, nutrition, therapy) should inform the care team if TW is not established or may need adjustment.

https://mainehealth.org/services/cardiovascular/provider-resources/clinical-guidelines

action, including when 4lbs. above or below TW), when to call and whom to call.

about TW, to reinforce the importance of TW in self-management, to teach the patient about "red flags" (i.e., when to take