



CONGESTIVE HEART FAILURE FLOW SHEET

This Flow Sheet is based on the Guideline, *Heart Failure Care*
Web site: <http://www.BCGuidelines.ca>



NAME OF PATIENT	SEX <input type="checkbox"/> M <input type="checkbox"/> F	TYPE OF HEART FAILURE <input type="checkbox"/> Systolic (EF ≤40%) <input type="checkbox"/> Diastolic (EF >40%)	DATE OF BIRTH	AGE AT DIAGNOSIS
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CARE OBJECTIVES	SELF MANAGEMENT (Discuss with patient)			
<p>RISK FACTORS AND CO-MORBID CONDITIONS</p> <table style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> Obesity <input type="checkbox"/> Smoker <input type="checkbox"/> Alcohol </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> Diabetes <input type="checkbox"/> HTN <input type="checkbox"/> CAD <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Atrial fib <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Renal disease </td> <td style="width:33%; vertical-align: top;"> <p>Baseline Investigations (✓ when done; normal or add values prn)</p> <input type="checkbox"/> FBG: _____ <input type="checkbox"/> ECG _____ <input type="checkbox"/> TSH: _____ <input type="checkbox"/> CXR _____ <input type="checkbox"/> eGFR: _____ <input type="checkbox"/> Echo (date): _____ <input type="checkbox"/> AST: _____ EF _____ % <input type="checkbox"/> Albumin: _____ EF _____ % <input type="checkbox"/> CBC: _____ <input type="checkbox"/> U/A: _____ </td> </tr> </table> <p><input type="checkbox"/> Other: _____</p>	<input type="checkbox"/> Obesity <input type="checkbox"/> Smoker <input type="checkbox"/> Alcohol	<input type="checkbox"/> Diabetes <input type="checkbox"/> HTN <input type="checkbox"/> CAD <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Atrial fib <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Renal disease	<p>Baseline Investigations (✓ when done; normal or add values prn)</p> <input type="checkbox"/> FBG: _____ <input type="checkbox"/> ECG _____ <input type="checkbox"/> TSH: _____ <input type="checkbox"/> CXR _____ <input type="checkbox"/> eGFR: _____ <input type="checkbox"/> Echo (date): _____ <input type="checkbox"/> AST: _____ EF _____ % <input type="checkbox"/> Albumin: _____ EF _____ % <input type="checkbox"/> CBC: _____ <input type="checkbox"/> U/A: _____	<p><input type="checkbox"/> Define management goals (Lifestyle; Risk factor reduction; Treat co-morbid conditions)</p> <p><input type="checkbox"/> Monitor & reduce symptoms</p> <ul style="list-style-type: none"> • Daily weights • Goal weight: _____ • Fluid intake (4-8 cups per day) • Sodium (2-3 gram per day) • Avoid alcohol • Exercise (20-30 mins 3-4 X/week) <p><input type="checkbox"/> Heart Failure Patient Guide</p> <p><input type="checkbox"/> End-of-life directives</p>
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VISITS (3 - 6 MONTHS)

DATE	BP	WEIGHT Lbs Kg	LABS (most recent)			SYMPTOMS REVIEW; EXAM NOTES; MEDICATIONS	*NYHA CLASS
			Na	K	eGFR		
BASELINE REVIEW OF CLINICAL STATUS AND MEDICATIONS (SET TARGET DOSES)							

REMINDEERS: Review Na/fluid intake and activity levels

TREATMENT RECOMMENDATIONS (SEE REVERSE)

VACCINATIONS

Annual Flu: DATE

Pneumovax: DATE

*NYHA CLASS	SEVERITY
I	No symptoms
II	Symptoms with ordinary activity
III	Symptoms with less than ordinary activity
IV	Symptoms at rest