



HEART FAILURE PATIENT CARE FLOW SHEET

This Flow Sheet is based on the Heart failure Guideline
Web site: <http://www.healthservices.gov.bc.ca/cdm/index.html>

NAME OF PATIENT	BIRTHDATE
COMORBID CONDITIONS	PHN
	DATE OF DIAGNOSIS

CRITERIA FOR DIAGNOSIS (EJECTION FRACTION BY ECHOCARDIOGRAM RECOMMENDED – SEE GUIDELINE)

DATE (YY/MM/DD)

PHYSIOLOGY	REVIEW EACH VISIT	GOALS	INITIAL REVIEW (BASELINE)					
	Blood Pressure							
Weight (diary)								
NYHA class								
Sodium intake								
Fluid intake								
Activity Level								
MEDICATIONS/EFFECTS +/-	Target dose	ACE-inhibitor						
		B-blocker						
		ARB						
	Other							
LABORATORY	On-going	Na						
		K						
		Creatinine						

EDUCATION REMINDERS	
<input type="checkbox"/> Explain what heart failure is and what causes it <input type="checkbox"/> Set goals with patient <input type="checkbox"/> How to recognize and deal with symptoms <input type="checkbox"/> Self-weighing <input type="checkbox"/> Rationale of treatments and importance of adherence <input type="checkbox"/> Flu Vaccination (annual) Date:	<input type="checkbox"/> Side effects and adverse effects <input type="checkbox"/> Prognosis <input type="checkbox"/> Pneumococcal Vaccination <input type="checkbox"/> Avoid excessive alcohol <input type="checkbox"/> Stop smoking Refer to patient resource sheet and Guideline

CLINICAL EVALUATION	VISIT 1
	VISIT 2
	VISIT 3
	VISIT 4
	NOTES