

CONGESTIVE HEART FAILURE CHECKLIST

(Place a checkmark and **SIGN** as each component of care is completed)

SIGNATURE

1. LVF Assessment (EF %)

Current or recent echocardiogram on chart

2. ACE or ARB prescribed for LVSD (EF less than 40%)

If not, contraindication documented

3. If cigarette smoker within last 12 months, smoking cessation referral sent

4. CHF Discharge Instruction Form used (**ALL PATIENTS**):

a. Show CHF video to patient/family

b. Medication reconciliation completed and discharge medication list provided to patient/family

c. Activity

d. CHF diet/fluid restriction

e. Follow-up appointment made or patient instructed to contact primary care physician for follow-up

f. Weight monitoring

PATIENT LABEL

CHF CHECKLIST



FORM #947

Formulated: 9/07

Reviewed: 9/08

Revised:

November 12, 2008

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