



Lothian Heart Failure  
Service Telephone:  
RIE:0131 242 1863  
WGH: 0131 537 2596  
SJH :01506 523881

Dear Dr

NAME:  
ADDRESS:

CHI NO:

Having been involved in the care and support for the above patient, and following discussions with the patient and his/ her carer, it has been recognised that we need to be considering whether this particular patient should be added to the palliative care register held by yourselves.

We use a wide ranging set of indicators to guide us with this decision, which has been drawn up with support from the Heart Failure Nurse Specialists, Clinical Lead for Heart Failure and the Palliative care specialists.

SUGGESTED PROGNOSTIC INDICATORS USED TO IDENTIFY, ASSESS  
AND PLAN FURTHER CARE. (2 or more)  
(Adapted from GSF version 5 Sept 2008 )

- Repeated hospital admissions
- Deteriorating renal function or CKD 4
- Evidence of hyponatraemia
- Progressive weight loss
- Continued symptoms despite optimal treatment
- Patient in NYHA III/IV (refer to SIGN 95 for NYHA table)
- Is this patient thought to be in the last year of life by the care team
- Difficult physical or psychological symptoms despite optimal tolerated therapy

Has this patient been considered for device therapy or referral to Advanced Heart Failure Service? (if appropriate) **See HF specific care plan.**

You will receive a full outpatient visit letter with details of our management plan, but hope you will find the following proforma helpful.

THE INFORMATION HAS BEEN PROVIDED IN THIS FORMAT TO FACILITATE CREATION OF AN ELECTRONIC PALLIATIVE CARE SUMMARY.

THIS PATIENT HAS CONSENTED TO THIS INFORMATION BEING SHARED ELECTRONICALLY, SO YOU MAY WISH TO UPDATE YOUR PATIENT ePCs.

<b>Patient's and Carer's Awareness of Condition:</b>
Patient's understanding of Diagnosis
Patient's understanding of Prognosis
Carer's understanding of Diagnosis
Carer's understanding of Prognosis
<b>Advice for out of Hours Care:</b>
Care Plan agreed
Preferred place of care
Resuscitation status agreed
Actual resuscitation status
DNACPR form in home?
Additional useful OOH information
<b>Heart Failure Specific Care Plan:</b>
Management plan discussed with Consultant?
Previously considered referral to the advanced heart failure unit?
District nurse involvement required?
Referral to specialist palliative care team considered?
<b>Device Information:</b>
Implantable Cardiac Defibrillator
Permanent Pacemaker
Cardiac Resynchronisation Device +/- Defibrillator
Discussed deactivation of device as appropriate?

**ADDITIONAL INFORMATION:**