Scottish Patient Safety Programme (SPSP)
Audit Proforma for Implementing the Heart Failure Bundle

NHS Greater Glasgow and Clyde

Please write in boxes or use patient addressograph:	
PATIENTS NAME:	
PATIENTS CHI:	
PATIENTS D.O.B:	
DATE OF ADMISSION	

NAME OF PERSON COMPLETING AUDIT FORM:	
DESIGNATION:	
DATE OF COMPLETION:	
HOSPITAL SITE:	
WARD:	

DRAFT

PLEASE COMPLETE FORM PRIOR TO PATIENT'S DISCHARGE

	QUESTION	**RESPONSE**
	Does the patient have heart failure?	Yes ☐ No ☐
	Does the patient have LVSD?	Yes ☐ No ☐
	If yes to LVSD, please complete the audit form	
EXPERT REVIEW		
	Was an expert review carried out? *(Expert review is defined as a Consultant Cardiologist or Cardiology Specialist Trainee ST4 or above.*	Yes ☐ No ☐
EVIDENCE BASED DRUGS		
	Has there been consideration of evidence based drugs prescribed during admission:	Yes ☐ No ☐
REFERRAL TO SPECIALIST HEART FAILURE SERVICE		
	Has referral to Specialist Heart Failure Service been carried out? **Telephone referrals via 0141 211 4543**	Yes ☐ No ☐
	MDT heart failure meeting Thursdays 2.30pm Ward 43	