

PATIENT LABEL

DATE OF ADMISSION  
DATE OF DISCHARGE  
NEW DIAGNOSIS YES/NO

**HEART FAILURE CARE BUNDLE**

**PATIENTS ADMITTED WITH KNOWN/SUSPECTED HEART FAILURE**

ECG ON ADMISSION DATE  
Result  
*If ECG abnormal and heart failure suspected, request echo unless done within last 12 months*

ECHO  
**LEFT VENTRICULAR SYSTOLIC DYSFUNCTION CONFIRMED? Date**  
**\*IF NO LVSD ON ECHO – HEART FAILURE BUNDLE DISCONTINUED HERE**

Mild	Mild / Moderate	Moderate	Moderate / Severe	Severe
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NYHA Status:  
Referral to CARDIOLOGY YES / NO Date Referred Date Seen IF NOT Referred why?  
Referral to HEART FAILURE SERVICE – Bleep 6550 YES / NO Date referred

DIAGNOSIS:  
Suspected Aetiology:  
Further investigations to exclude reversible causes: YES / NO Comments:

**MEDICATION ASSESSMENT-**

DVT prophylaxis/ Warfarin/ NOAC YES / NO Indicated? YES / NO Reason:

ACE-I / AIIIRA / ISDN + Hydralazine YES / NO Contra-indicated? YES / NO Reason:

β-blocker YES / NO Contra-indicated? YES / NO Reason:

Spironolactone/ Eplerenone YES / NO Indicated? YES / NO Reason:

Digoxin YES / NO Indicated? YES / NO Reason:

Diuretic YES / NO Indicated? YES / NO Reason:

**PLEASE FILE IN CASE NOTES**