**Heart Failure Notes Review Template** 

**Heart Failure Multi-disciplinary meeting**

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| **CHI** |  |
| **Was the diagnosis of HF made and confirmed?** | Yes/No  Details (including LV function): |
| **Were reasonable tests instigated to determine aetiology?** | Yes/No  Details: |
| **Were medications reviewed appropriately?** | Yes/No  Details: |
| **DVT prophylaxis considered (if not on NOAC or Warfarin)?** | Yes/No  Details: |
| **Diuretic choice** | Oral frusemide/i.v. frusemide/oral bumetanide  Dose:  Details: |
| **Was a cardiac device (CRT/ICD) considered?** | Yes/No  Details: |
| **Was advanced care considered (transfer/refer to GJNH)?** | Yes/No  Details: |
| **Appropriate HF medications**  **\*state name/dose/reason not given** | ACE inhibitor\*:  Beta-blocker\*:  MRA\*:  ARB\*: |
| **Was patient referred to HF nurses (if not why not)?** | Yes/No  Details: |