

Immediate Discharge Letter : Heart Failure

Principal Diagnosis:	Statement of LV function with EF%: Reduced Preserved %EF
In-patient treatment:	
HF Aetiology:	

SIGN guided Therapy	Generic Name	Dose (if not why not?)
Ace-inhibitor / ARB / Entresto		
Beta-blockade		
MRA		
Changes to medication		
Known adverse reactions		

ECG	Rhythm	QRS
Device Therapy	PPM / ICD	CRT (+/- D)

Cardiology/HF review during admission	Yes No Out-pt
NYHA Symptom Class on discharge	I II III IV

GP register information	HF register LVSD register
Palliative Care Register (NYHA Class III/IV)	Yes No
GP please consider:	

Follow up:
For further information, please contact: bleep No

Signed: _____ Date: _____
Please note this is an immediate discharge summary and a further letter may follow.