

Heart Failure Care Bundle

For all patients admitted / re-admitted with a suspected primary diagnosis of heart failure secondary to left ventricular systolic dysfunction confirmed by ECHO.

A.
 Date of admission : ___/___/___
 Time of admission: ___:___
 Admission Ward: _____
 Consultant in Charge: _____

Patient Label:

- Instructions**
1. Attach patient label (left) and fill in box A.
 2. Detach sticker on the right and place onto the medical notes page.
 3. Put coloured sticker 1 (attached below) onto nursing documentation.
 4. Attach the post it label to the side of the casenote to highlight HF patient
 5. File this backing sheet in designated audit tray

Heart Failure Bundle

Entered: ___/___/___
 Completed: ___/___/___

Heart Failure Care Bundle: Checklist for Doctors	Action completed or reason for variation (if no, please add explanation below Yes/No/NA)	Print Sign [GMC] Grade
Diagnosis and management plan		
Cardiologist review during admission	Yes / No	
Echo referral (not indicated if had Echo < 6 months and no new ECG changes)	Yes / No	
Further investigations to establish aetiology (state aetiology if known)	Yes / No	
Medication review		
▪ ACE Inhibitor or ARB	Yes / No	
▪ Beta blocker	Yes / No	
▪ Spironolactone / Eplerenone	Yes / No	
▪ Digoxin (especially if in AF)	Yes / No	
Suitable for device (ICD/CRT) (QRS duration >120ms)	Yes / No	
Suitable for palliative care	Yes / No	
Number of admissions with heart failure in the last 12 months	No: _____	
Fluid Balance and Renal Function		
Daily weights/salt and fluid restriction	Yes / No	
Suitable for IV diuretics and/or metolazone	Yes / No	
Daily monitoring of renal function	Yes / No	
III – Discharge Planning		
Refer to heart failure nurse	Yes / No	