



**BRITISH HEART FOUNDATION – IV DIURETICS PILOT
PATIENT MONITORING RECORD**

DATE RECORD OPENED:
OPENED BY:

BASELINE PATIENT DETAILS AND BACKGROUND

Name*		Gender	
Code number		Post code	
Date of birth*		Approx distance from usual hospital (miles)	
Year of birth			

***please delete items marked with an asterisk before sending to the evaluation team**

Ethnicity (please tick):

White		Black Caribbean	
Black African		Black other	
Indian		Pakistani	
Bangladeshi		Chinese	
Other please specify			

Home circumstances (please tick):

Lives alone	
Lives with partner/spouse	
Lives with other family members – please specify	
Other – please specify	

Principal carer's relationship to patient:
Age of carer:

Other support received from community health and care services:

Service	Frequency

SOURCE OF REFERRAL (please tick)

GP	
Cardiology Team	
Heart Failure Nurse	
Care of the Elderly Team	
General Physician Team	
Other – please specify	

Is patient already on HF team caseload?

Y	N

CLINICAL HISTORY

Confirmed diagnosis:

Aetiology:

LVSD? (Y/N)

Current oral diuretic regime:

Medication	Dose	Medication	Dose

Number and dates of admissions in past year for IV diuretics:

Date	Length of admission (hours/days)

Has patient been tried on any of the following?:

Treatment	Previous dosage	Date of increase	Increased dosage	Outcome (eg no response, insufficient response, did not tolerate)
High dose oral loop diuretic				
Oral loop plus additional thiazide				
Oral loop plus additional metolazone				

Reasons for selecting patient for IV Diuretics:

Reasons	Please specify
Clinical reasons	
Social reasons	
Other	

What other heart failure medications is the patient taking?

Medication	On optimal dose (tick)	On maximum tolerated dose (tick)
β-Blocker		
ACE Inhibitor		
Angiotensin Receptor Blocker		
Aldosterone Antagonist		
Ivabradine		

What other medications is the patient on?

Medication	Dose	Medication	Dose	Medication	Dose

Co-morbidities

CV	Please tick all that apply	Non CV	Please tick all that apply
Ischaemic/Coronary Heart Disease		Anaemia	
Hypertension		Pulmonary disease	
Valvular dysfunction		Renal dysfunction	
Atrial fibrillation		Thyroid dysfunction	
Heart failure with preserved ejection fraction		Type 1 Diabetes	
Ventricular dysrhythmia		Type 2 Diabetes	
Bradycardia		Other (please specify)	
Other (please specify)		Other (please specify)	

PROPOSED PLAN FOR FIRST TREATMENT

Method of administration

Method	Dose (or starting dose for stepped dose)
Bolus once daily – fixed dose	
Bolus once daily – stepped dose	
Bolus twice daily – fixed dose	
Bolus twice daily – stepped dose	
Continuous infusion – fixed dose	
Continuous infusion – stepped dose	

Route of administration (tick which applies)

Peripheral IV	PICC Line

IV DIURETIC INTERVENTION RECORD 1

DATE:

Reason for electing to administer IV diuretics on this occasion (please tick):

Failure to respond to oral diuretics	
Other (please specify)	

Where will the patient receive the IV diuretics? (please tick)

Home	
Hospice day care	
Community hospital day care	
Acute hospital day care	
Care of the elderly day care	
Other (please specify)	

If IV diuretics are not being administered at home, please specify the reasons for deciding that home-based treatment was not suitable:

Has the patient been tried on any of the following in the days/weeks preceding treatment:

Treatment	Previous dosage	Date of increase	Increased dosage	Is treatment within guideline protocol? If not, why?	Outcome (eg no response, insufficient response, did not tolerate)
High dose oral loop diuretic					
Oral loop plus additional thiazide					
Oral loop plus additional metolazone					
Other (please specify)					

Clinical observations after completing IV Diuretics intervention

Weight (kg)	Pulse	BP	NYHA status	Oedema National HF audit scores: 0 = none; 1 = mild, ankles; 2 = moderate, ankle to calf; 3 = severe, above knees, abdomen	Na	K	Creatinine	Urea	EGFR

Complications

Date	Time	Complications (eg cannula dislodged, bacteraemia)	Action taken

Success of the intervention

Did the intervention lead to the following:	Y/N	Further comments
Resolution of oedema?		
Achievement of target weight loss?		
Resolution of patient symptoms?		

Social outcomes	Y/N	Please explain
Was this intervention socially more generally successful for the patient		

Changes to patient circumstances:

Please note any changes to home/carer circumstances since last treatment:

Please note any changes to the range of support received from community health and care services since last treatment:

DATE:

IV DIURETIC INTERVENTION RECORD 2

Reason for electing to administer IV diuretics on this occasion (please tick):

Failure to respond to oral diuretics	
Other (please specify)	

Where will the patient receive the IV diuretics? (please tick)

Home	
Hospice day care	
Community hospital day care	
Acute hospital day care	
Care of the elderly day care	
Other (please specify)	

If IV diuretics are not being administered at home, please specify the reasons for deciding that home-based treatment was not suitable:

Has the patient been tried on any of the following in the days/weeks preceding treatment:

Treatment	Previous dosage	Date of increase	Increased dosage	Is treatment within guideline protocol? If not, why?	Outcome (eg no response, insufficient response, did not tolerate)
High dose oral loop diuretic					
Oral loop plus additional thiazide					
Oral loop plus additional metolazone					
Other (please specify)					

Clinical observations after completing IV Diuretics intervention

Weight (kg)	Pulse	BP	NYHA status	Oedema National HF audit scores: 0 = none; 1 = mild, ankles; 2 = moderate, ankle to calf; 3 = severe, above knees, abdomen	Na	K	Creatinine	Urea	EGFR

Complications

Date	Time	Complications (eg cannula dislodged, bacteraemia)	Action taken

Success of the intervention

Did the intervention lead to the following:	Y/N	Further comments
Resolution of oedema?		
Achievement of target weight loss?		
Resolution of patient symptoms?		

Social outcomes	Y/N	Please explain
Was this intervention socially more generally successful for the patient		

Changes to patient circumstances:

Please note any changes to home/carer circumstances since last treatment:

Please note any changes to the range of support received from community health and care services since last treatment:

IV DIURETIC INTERVENTION RECORD 3

DATE:

Reason for electing to administer IV diuretics on this occasion (please tick):

Failure to respond to oral diuretics	
Other (please specify)	

Where will the patient receive the IV diuretics? (please tick)

Home	
Hospice day care	
Community hospital day care	
Acute hospital day care	
Care of the elderly day care	
Other (please specify)	

If IV diuretics are not being administered at home, please specify the reasons for deciding that home-based treatment was not suitable:

Has the patient been tried on any of the following in the days/weeks preceding treatment:

Treatment	Previous dosage	Date of increase	Increased dosage	Is treatment within guideline protocol? If not, why?	Outcome (eg no response, insufficient response, did not tolerate)
High dose oral loop diuretic					
Oral loop plus additional thiazide					
Oral loop plus additional metolazone					
Other (please specify)					

Clinical observations after completing IV Diuretics intervention

Weight (kg)	Pulse	BP	NYHA status	Oedema National HF audit scores: 0 = none; 1 = mild, ankles; 2 = moderate, ankle to calf; 3 = severe, above knees, abdomen	Na	K	Creatinine	Urea	EGFR

Complications

Date	Time	Complications (eg cannula dislodged, bacteraemia)	Action taken

Success of the intervention

Did the intervention lead to the following:	Y/N	Further comments
Resolution of oedema?		
Achievement of target weight loss?		
Resolution of patient symptoms?		

Social outcomes	Y/N	Please explain
Was this intervention socially more generally successful for the patient		

Changes to patient circumstances:

Please note any changes to home/carer circumstances since last treatment:

Please note any changes to the range of support received from community health and care services since last treatment:

DATE:

IV DIURETIC INTERVENTION RECORD 4

Reason for electing to administer IV diuretics on this occasion (please tick):

Failure to respond to oral diuretics	
Other (please specify)	

Where will the patient receive the IV diuretics? (please tick)

Home	
Hospice day care	
Community hospital day care	
Acute hospital day care	
Care of the elderly day care	
Other (please specify)	

If IV diuretics are not being administered at home, please specify the reasons for deciding that home-based treatment was not suitable:

Has the patient been tried on any of the following in the days/weeks preceding treatment:

Treatment	Previous dosage	Date of increase	Increased dosage	Is treatment within guideline protocol? If not, why?	Outcome (eg no response, insufficient response, did not tolerate)
High dose oral loop diuretic					
Oral loop plus additional thiazide					
Oral loop plus additional metolazone					
Other (please specify)					

Clinical observations after completing IV Diuretics intervention

Weight (kg)	Pulse	BP	NYHA status	Oedema National HF audit scores: 0 = none; 1 = mild, ankles; 2 = moderate, ankle to calf; 3 = severe, above knees, abdomen	Na	K	Creatinine	Urea	EGFR

Complications

Date	Time	Complications (eg cannula dislodged, bacteraemia)	Action taken

Success of the intervention

Did the intervention lead to the following:	Y/N	Further comments
Resolution of oedema?		
Achievement of target weight loss?		
Resolution of patient symptoms?		

Social outcomes	Y/N	Please explain
Was this intervention socially more generally successful for the patient		

Changes to patient circumstances:

Please note any changes to home/carer circumstances since last treatment:

Please note any changes to the range of support received from community health and care services since last treatment:

DISCHARGE

Date of discharge from IV Diuretics pilot:

Reason for discharge	Please provide further information here about the selected reason
Patient prefers in-patient IV diuretics	
Patient's home/carer circumstances have changed and no longer suit home-based IV diuretics	
Patient's condition now requires in-patient IV diuretics	
Patient's condition now requires home-based subcutaneous diuretics	
Patient's condition now requires other treatment/care (please specify)	
Patient has been admitted for end of life care	
Patient has died (please specify date and reason for death)	
Treatment, completed and successful	
Other (please specify)	

PHLEBITIS SCORE GUIDANCE

IV site appears healthy	0	No signs of phlebitis OBSERVE CANNULA
One of the following is evident: <ul style="list-style-type: none">• Slight pain near IV site or • Slight redness near IV site	1	Possible first signs of phlebitis OBSERVE CANNULA
Two of the following are evident: <ul style="list-style-type: none">• Pain at IV site • Erythema • Swelling	2	Early stage of phlebitis RESITE CANNULA
All the following signs are evident: <ul style="list-style-type: none">• Pain along path of cannula • Erythema • Induration	3	Medium stage of phlebitis RESITE CANNULA CONSIDER TREATMENT
All the following signs are evident and extensive: <ul style="list-style-type: none">• Pain along path of cannula • Erythema • Induration• Palpable venous cord	4	Advanced stage of phlebitis or start of thrombophlebitis RESITE CANNULA CONSIDER TREATMENT
All the following signs are evident and extensive: <ul style="list-style-type: none">• Pain along path of cannula • Erythema • Induration• Palpable venous cord • Pyrexia	5	Advanced stage of thrombophlebitis INITIATE TREATMENT RESITE CANNULA