

## 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 the coloured sticker (attached below) onto nursing documentation.
4. Use coloured sticky at side of casenote to mark position of checklist
5. File this backing sheet in designated audit tray

Heart Failure Care Bundle: Checklist Section I - Doctors Section II & III - Nurses	Action completed or reason for variation (if no, please add explanation below Yes/No/NA)	Print Sign [GMC] Grade
<b>I - Diagnosis and management plan</b> 1. Cardiologist review during admission 2. Echo referral (not indicated if had Echo < 6 months and no new ECG changes) 3. Further investigations to establish aetiology (state aetiology if known) 4. Medication review <ul style="list-style-type: none"> <li>▪ ACE Inhibitor or ARB</li> <li>▪ Beta blocker</li> <li>▪ Spironolactone</li> <li>▪ Digoxin (especially if in AF)</li> </ul> 5. Consideration of devices (ICD/CRT) (QRS duration >120ms) 6. Consideration of palliative care Number of admissions with heart failure – 12 months	Yes/No/NA  Yes/No/NA  Yes/No/NA  Yes/No/NA  Yes/No/NA  Yes/No/NA  Yes/No/NA  No.: _____	
<b>II – Fluid Balance and Renal Function</b> Daily weights/salt and fluid restriction Discuss IV diuretics and/or metolazone Monitoring of urea and electrolytes Monitor heart rate, BP, sats	Yes/No/NA  Yes/No/NA  Yes/No/NA  Yes/No/NA	
<b>III – Discharge Planning</b> Refer to heart failure nurse Consider referral to social services Relative/carer information and support	Yes/No/NA  Yes/No/NA  Yes/No/NA	