Congestive Heart Failure Patient Care Sample Flow Sheet

doctorcare
A WELL Health Company

Patient Name:	Date of Birth:
Comorbid Conditions:	PHIN:
	Date of Diagnosis::

Criteria for Diagnosis (Ejection fraction by echocardiogram recommended)

ASSESSMENT

				DATE (YY/MM/DD)				
		REVIEW EACH VISIT	**GOALS**	**INITIAL REVIEW (BASELINE)**				
PHYSIOLOGY		Blood pressure						
		Weight (diary)						
		NYHA class						
		Sodium intake						
		Fluid intake						
		Activity level						
MEDICATIONS/EFFECTS (+/-)	**Target dose**	ACE-inhibitor						
		B-blocker						
		ARB						
	Other							
LABORATORY	**On-going**	Na						
		K						
		Creatinine						

EDUCATION REMINDERS

☐ Explain what heart failure is and what causes it
☐ Set goals with patient
☐ How to recognize and deal with symptoms
☐ Self-weighing
☐ Rationale of treatments and importance of adherence
☐ Flu vaccination (annual) Date:

☐ Side effects and adverse effects
☐ Prognosis
☐ Pneumococcal vaccination
☐ Avoid excessive alcohol
☐ Stop smoking

CLINICAL EVALUATION

VISIT 1

VISIT 2

VISIT 3

VISIT 4

NOTES