

**SK CDM-QIP Heart Failure Flow Sheet**

<b>Type of Heart Failure:</b> <input type="checkbox"/> HF-REF [systolic] (reduced ejection fraction – LVEF <40%) <input type="checkbox"/> HF-PEF [diastolic] (preserved ejection fraction – LVEF >40%) <input type="checkbox"/> combined HF <b>Year Diagnosed with HF:</b> _____ (preferably confirmed with ECHO)		<b>Patient Name:</b>  <b>Date of Birth:</b>  <b>HSN:</b>		
<b>CV Co-morbidities:</b> <input type="checkbox"/> Hypertension <input type="checkbox"/> CAD <input type="checkbox"/> Valvular heart disease <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Congenital Heart				
<b>Other Co-morbidities:</b> <input type="checkbox"/> Diabetes <input type="checkbox"/> Obesity <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> CKD stage__ <input type="checkbox"/> OSA <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Other _____				
		<b>Date:</b>	<b>Date:</b>	<b>Date:</b>
	<b>ER/Hospital since last visit</b> <i>(why? / what caused decompensation? / change in meds?)</i>			
<b>Cardiac History &amp; Stability</b>	<b>NEW Cardiac Symptoms</b> <i>(dyspnea, edema, decrease exercise tolerance, orthopnea/PND, angina, palpitations)</i>	<input type="checkbox"/> None <input type="checkbox"/> Yes:	<input type="checkbox"/> None <input type="checkbox"/> Yes:	<input type="checkbox"/> None <input type="checkbox"/> Yes:
	<b>NYHA Functional Class</b> Class I: HF symptoms only at levels of exertion that would limit normal individuals Class II: HF symptoms with ordinary exertion Class III: HF symptoms with less than ordinary exertion Class IV: HF symptoms at rest	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV	<input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV
<b>Lifestyle</b>	<b>Nutrition/Diet review</b> <i>(consider sodium &amp; alcohol intake)</i>			
	<b>Physical Activity</b> <i>(exercise training beneficial to improve clinical status in ambulatory patients)</i>			
	<b>Smoking Status</b> <i>(If Smoker, indicate actively quitting; contemplating quitting; no plan to quit; relapse)</i>	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker _____	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker _____	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker _____
	<b>Smoking Cessation Advice</b> <i>(if required)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Clinical Examination</b>	<b>Weight (kg)</b> <i>change in Wt important for volume assessment</i>			
	<b>B.P.</b> <i>(target &lt;140/90)</i>			
	<b>Heart rate / Rhythm</b>			
	<b>O2 sat (%)</b>			
	<b>JVP</b>			
	<b>Edema</b>			
	<b>Lung / Other exam findings</b>			
<b>Volume assessment</b> <i>(includes combination of exam findings and history)</i>		<input type="checkbox"/> Unchanged <input type="checkbox"/> Improved <input type="checkbox"/> Worse/deteriorated	<input type="checkbox"/> Unchanged <input type="checkbox"/> Improved <input type="checkbox"/> Worse/deteriorated	<input type="checkbox"/> Unchanged <input type="checkbox"/> Improved <input type="checkbox"/> Worse/deteriorated
<b>Investigations</b>	<b>Echocardiography</b> <i>(recommended at diagnosis; q 3-5yrs if stable; more frequent if change in clinical status / medical therapy)</i>	test date    result	test date    result	test date    result
	<b>ECG</b> <i>(recommended at diagnosis; consider if change in CV symptoms; every 1-2 yrs if stable)</i>	test date    result	test date    result	test date    result
	<b>Lipids</b> if has CAD or DM - <b>LDL</b> <i>(primary target: LDL ≤ 2.0 or &gt;50% reduction in LDL)</i>	test date    result	test date    result	test date    result
	<b>Screen for DM if not diabetic</b> <i>(Fasting Glucose or A1C annually)</i>	test date    result	test date    result	test date    result
	<b>Creatinine and Lytes</b> <i>(monitor as needed to ensure stability, adjust Rx's)</i>	<input type="checkbox"/> reviewed <input type="checkbox"/> stable <input type="checkbox"/> ordered <input type="checkbox"/> concern	<input type="checkbox"/> reviewed <input type="checkbox"/> stable <input type="checkbox"/> ordered <input type="checkbox"/> concern	<input type="checkbox"/> reviewed <input type="checkbox"/> stable <input type="checkbox"/> ordered <input type="checkbox"/> concern

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	Date:	Date:	Date:	
<b>Medications</b>	<b>ACEi / ARB</b> <i>(indicated for all people with HF-REF and any HF post MI unless c/i or not tolerated)</i>  <b>Drug name/Dose:</b>	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford
	<b>Beta Blocker</b> <i>(indicated for all people with HF-REF and any HF post MI unless c/i or not tolerated) [specific beta blockers recommended – bisoprolol, carvedilol, metoprolol SR]</i> <b>Drug name/Dose:</b>	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford
	<b>Aldosterone Antagonist</b> <i>(indicated for people with HF-REF and any symptomatic HF (class II-IV) after optimization with ACEi and BB therapy; must be able to monitor for hyperkalemia, impaired renal function)</i> <b>Drug name/Dose:</b>	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> continue <input type="checkbox"/> start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - Pt. refused <input type="checkbox"/> No - unable to afford
	<b>Digoxin</b> <i>(recommended if sinus rhythm with moderate-severe symptoms despite optimized HF therapy, or if chronic AF and inadequate ventricular rate control despite optimal BB therapy or BB c/i)</i>	<input type="checkbox"/> Indicated– continue/start <input type="checkbox"/> Not indicated/tolerated	<input type="checkbox"/> Indicated– continue/start <input type="checkbox"/> Not indicated/tolerated	<input type="checkbox"/> Indicated– continue/start <input type="checkbox"/> Not indicated/tolerated
	<b>Other CV Medications</b>			
	<b>Medication Adherence / Comments</b>			
<b>OSA</b>	<b>Screen for Obstructive Sleep Apnea</b> <i>(do annually; use Berlin or STOP BANG questionnaires and sleep study if needed)</i>	<input type="checkbox"/> screened today <input type="checkbox"/> referred for sleep study <input type="checkbox"/> known OSA diagnosis	<input type="checkbox"/> screened today <input type="checkbox"/> referred for sleep study <input type="checkbox"/> known OSA diagnosis	<input type="checkbox"/> screened today <input type="checkbox"/> referred for sleep study <input type="checkbox"/> known OSA diagnosis
<b>Psycho-social</b>	<b>Screened for Depression, Anxiety, other Stressors</b> <i>(consider use of PHQ-9, GAD-7)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Concerns:	<input type="checkbox"/> Yes <input type="checkbox"/> No Concerns:	<input type="checkbox"/> Yes <input type="checkbox"/> No Concerns:
<b>Vaccines</b>	<b>Influenza</b> <i>(annual)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes Reason:	<input type="checkbox"/> No <input type="checkbox"/> Yes Reason:	<input type="checkbox"/> No <input type="checkbox"/> Yes Reason:
	<b>Pneumococcus</b> <i>(once; repeat if &gt;65yr &amp; very high risk for this infection)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No – reason:		
<b>Management Plans</b>	<b>Patient education / self-management</b> Consider every 6 months or if HF status changes – salt restriction, alcohol intake, daily weights in morning after voiding, heart failure action plan – use of diuretic, when to seek medical advice	<input type="checkbox"/> Not done <input type="checkbox"/> Reviewed:	<input type="checkbox"/> Not done <input type="checkbox"/> Reviewed:	<input type="checkbox"/> Not done <input type="checkbox"/> Reviewed:
	<b>Referral to CDM / Self-management or Exercise Program</b> <i>(consider “live well with chronic conditions” program and/or Cardiac Rehab program)</i>	<input type="checkbox"/> Attending currently <input type="checkbox"/> Interested, will refer <input type="checkbox"/> Not indicated –medical reason <input type="checkbox"/> Patient declined <input type="checkbox"/> Barrier (financial/access) <input type="checkbox"/> Resource not available	<input type="checkbox"/> Attending currently <input type="checkbox"/> Interested, will refer <input type="checkbox"/> Not indicated –medical reason <input type="checkbox"/> Patient declined <input type="checkbox"/> Barrier (financial/access) <input type="checkbox"/> Resource not available	<input type="checkbox"/> Attending currently <input type="checkbox"/> Interested, will refer <input type="checkbox"/> Not indicated –medical reason <input type="checkbox"/> Patient declined <input type="checkbox"/> Barrier (financial/access) <input type="checkbox"/> Resource not available
	<b>Advanced care planning / Health care directive</b>			
	<b>Resources shared with patient</b>			
	<b>Referrals made</b>			
	<b>Changes to management / Other notes</b>			

For additional CDM-QIP resources, please visit [www.sma.sk.ca/cdm](http://www.sma.sk.ca/cdm)