CONGESTIVE HEART FAILURE CHECKLIST
(Place a checkmark and SIGN as each component of care is completed)

1. LVF Assessment (EF %)
   □

   Current or recent echocardiogram on chart
   □

2. ACE or ARB prescribed for LVSD (EF less than 40%)
   □

   If not, contraindication documented
   □

3. If cigarette smoker within last 12 months, smoking cessation referral sent
   □

4. CHF Discharge Instruction Form used (ALL PATIENTS):
   a. Show CHF video to patient/family
      □
   b. Medication reconciliation completed and discharge medication list provided to patient/family
      □
   c. Activity
      □
   d. CHF diet/fluid restriction
      □
   e. Follow-up appointment made or patient instructed to contact primary care physician for follow-up
      □
   f. Weight monitoring
      □