Heart Failure Progress Note

- Patient has a current diagnosis of Heart Failure or a past history of Heart Failure and the following criteria must be met

**Smoking Cessation Counseling**
- Patient does not smoke
- Smoking Cessation Counseling Completed
- Patient refuses Smoking Cessation Counseling

If either an ACE or an ARB is not ordered: Document rational (check all that apply)
- ACE and ARB allergy
- Angioedema
- Hypotension
- Hyperkalemia
- Worsening renal function/renal disease/dysfunction
- Moderate / Severe Aortic Stenosis
- Other Reasons: ____________________________________________

**Ace Inhibitor or ARB for LVSD prescribed**
- Yes
- No

**Beta Blocker ordered**
- Yes
- No

**Documentation of LVS Function**
- ≥ 40%
- < 40%
- Echo Ordered
- Obtain Copy of Past Echo at ______________________________
- Obtain Copy of Echo from Dr. _____________________________
- LVS is planned after Discharge

**Cardiology Consult**
- Yes
- No

**Diagnosis:**
- Chronic
- Acute
- Congestive Heart Failure
- Systolic Heart Failure
- Combined Systolic and Diastolic Heart Failure
- Other
- Left Heart Failure
- Diastolic Heart Failure
- Cardiomyopathy

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Physician’s Signature: ____________________________

Date and Time: ____________________________

Denton Regional Medical Center

Form # 600031 Approved 10/17/08

Patient Identification