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 ______________________________

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Physician’s Signature            Date and Time

_________________________________________________________________

Denton Regional Medical Center

Form # 600031 Approved 10/17/08

Patient Identification