

# Basoor's Heart Failure Checklist

<b>Patient Name</b> <b>DOB:</b> <b>OR</b> PLUE Label
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**Primary Cardiologist/ Attending:** \_\_\_\_\_  
**Discharge Date:** \_\_\_\_\_  
**Brief History:** \_\_\_\_\_  
**Non Compliance to Medications:** No  ; Yes  \_\_\_\_\_

MEDICATIONS prescribed?	Yes	No	Dose Modified	Reason if not prescribed/ titrated up or COMMENTS	Initials
β-Blocker	<input type="checkbox"/>	<input type="checkbox"/>			
ACE Inhibitor (ACE I)	<input type="checkbox"/>	<input type="checkbox"/>			
ARB (if ACE I intolerant or in addition)	<input type="checkbox"/>	<input type="checkbox"/>			
Diuretics	<input type="checkbox"/>	<input type="checkbox"/>			
Digoxin (if Atrial Fibrillation or refractory symptom)	<input type="checkbox"/>	<input type="checkbox"/>			
Aldosterone Antagonist	<input type="checkbox"/>	<input type="checkbox"/>			
Nitrates (as needed or indefinite or both)	<input type="checkbox"/>	<input type="checkbox"/>			
Warfarin ( if yes latest INR in comments)	<input type="checkbox"/>	<input type="checkbox"/>			
Aspirin	<input type="checkbox"/>	<input type="checkbox"/>			
Lipid lowering agents	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			

INTERVENTIONS And COUNSELING measures addressed?	Yes	No	COMMENTS	Initials
General risk modification education	<input type="checkbox"/>	<input type="checkbox"/>		
Treatment and adherence education	<input type="checkbox"/>	<input type="checkbox"/>		
Heart Failure Monitoring (including low salt diet fluid restriction if needed, daily/weekly weight, activity)	<input type="checkbox"/>	<input type="checkbox"/>		
Blood pressure control	<input type="checkbox"/>	<input type="checkbox"/>		
Smoking Cessation Counseling	<input type="checkbox"/>	<input type="checkbox"/>		
Dyslipidemia control	<input type="checkbox"/>	<input type="checkbox"/>		
Diabetes control	<input type="checkbox"/>	<input type="checkbox"/>		
Dietitian/nutritionist interview	<input type="checkbox"/>	<input type="checkbox"/>		
Cardiac rehabilitation interview and enrollment	<input type="checkbox"/>	<input type="checkbox"/>		

FOLLOW-UP services scheduled?	Yes	No	COMMENTS	Initials
Cardiologist follow-up	<input type="checkbox"/>	<input type="checkbox"/>		
Primary care follow-up	<input type="checkbox"/>	<input type="checkbox"/>		
Cardiac rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>		
Anticoagulation service follow-up	<input type="checkbox"/>	<input type="checkbox"/>		
Visiting Nurse/Home Care if needed	<input type="checkbox"/>	<input type="checkbox"/>		
Patient record release form signed if needed	<input type="checkbox"/>	<input type="checkbox"/>		
Other (eg. Electro-Physiology follow up)	<input type="checkbox"/>	<input type="checkbox"/>		

**M.D./P.A./N.P. Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
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The Checklist was developed by Dr. Abhijeet Basoor, in collaboration with the Cardiovascular Quality Integration Board at St. Joseph Mercy Oakland Hospital, Pontiac, Michigan, USA.