



# CONGESTIVE HEART FAILURE FLOW SHEET

This Flow Sheet is based on the Guideline, *Heart Failure Care*  
Web site: <http://www.BCGuidelines.ca>



|                 |  |   |               |                  |
|-----------------|--|---|---------------|------------------|
| NAME OF PATIENT | SEX<br><input type="checkbox"/> M <input type="checkbox"/> F | TYPE OF HEART FAILURE<br><input type="checkbox"/> Systolic (EF ≤40%) <input type="checkbox"/> Diastolic (EF >40%) | DATE OF BIRTH | AGE AT DIAGNOSIS |
|-----------------|--|---|---------------|------------------|

| CARE OBJECTIVES  | SELF MANAGEMENT (Discuss with patient)   |  |                                     |                                     |                                     |                                      |   |   |                                     |   |   |                                     |                                     |                                     |                                     |  |  |
|--|--|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|---|---|-------------------------------------|---|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|--|
| <p><b>RISK FACTORS AND CO-MORBID CONDITIONS</b></p> <table style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> Obesity<br/> <input type="checkbox"/> Smoker<br/> <input type="checkbox"/> Alcohol<br/> <br/> <input type="checkbox"/> Diabetes<br/> <input type="checkbox"/> HTN<br/> <input type="checkbox"/> CAD<br/> <input type="checkbox"/> Cardiomyopathy<br/> <input type="checkbox"/> Atrial fib<br/> <input type="checkbox"/> Asthma<br/> <input type="checkbox"/> COPD<br/> <input type="checkbox"/> Renal disease<br/> <br/> <input type="checkbox"/> Other: _____                 </td> <td style="width:67%; vertical-align: top;"> <p><b>Baseline Investigations</b> (✓ when done; normal or add values prn)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> FBG: _____</td> <td><input type="checkbox"/> ECG _____</td> </tr> <tr> <td><input type="checkbox"/> TSH: _____</td> <td><input type="checkbox"/> CXR _____</td> </tr> <tr> <td><input type="checkbox"/> eGFR: _____</td> <td><input type="checkbox"/> Echo (date): _____</td> </tr> <tr> <td><input type="checkbox"/> AST: _____</td> <td><input type="checkbox"/> EF _____ %</td> </tr> <tr> <td><input type="checkbox"/> Albumin: _____</td> <td><input type="checkbox"/> EF _____ %</td> </tr> <tr> <td><input type="checkbox"/> CBC: _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> U/A: _____</td> <td></td> </tr> </table> </td> </tr> </table> | <input type="checkbox"/> Obesity<br><input type="checkbox"/> Smoker<br><input type="checkbox"/> Alcohol<br><br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> HTN<br><input type="checkbox"/> CAD<br><input type="checkbox"/> Cardiomyopathy<br><input type="checkbox"/> Atrial fib<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> COPD<br><input type="checkbox"/> Renal disease<br><br><input type="checkbox"/> Other: _____  | <p><b>Baseline Investigations</b> (✓ when done; normal or add values prn)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> FBG: _____</td> <td><input type="checkbox"/> ECG _____</td> </tr> <tr> <td><input type="checkbox"/> TSH: _____</td> <td><input type="checkbox"/> CXR _____</td> </tr> <tr> <td><input type="checkbox"/> eGFR: _____</td> <td><input type="checkbox"/> Echo (date): _____</td> </tr> <tr> <td><input type="checkbox"/> AST: _____</td> <td><input type="checkbox"/> EF _____ %</td> </tr> <tr> <td><input type="checkbox"/> Albumin: _____</td> <td><input type="checkbox"/> EF _____ %</td> </tr> <tr> <td><input type="checkbox"/> CBC: _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> U/A: _____</td> <td></td> </tr> </table> | <input type="checkbox"/> FBG: _____ | <input type="checkbox"/> ECG _____  | <input type="checkbox"/> TSH: _____ | <input type="checkbox"/> CXR _____   | <input type="checkbox"/> eGFR: _____        | <input type="checkbox"/> Echo (date): _____ | <input type="checkbox"/> AST: _____ | <input type="checkbox"/> EF _____ %     | <input type="checkbox"/> Albumin: _____ | <input type="checkbox"/> EF _____ % | <input type="checkbox"/> CBC: _____ |                                     | <input type="checkbox"/> U/A: _____ |  | <p><input type="checkbox"/> Define management goals (Lifestyle; Risk factor reduction; Treat co-morbid conditions)</p> <p><input type="checkbox"/> Monitor &amp; reduce symptoms</p> <ul style="list-style-type: none"> <li>• Daily weights</li> <li>• Goal weight: _____</li> <li>• Fluid intake (4-8 cups per day)</li> <li>• Sodium (2-3 gram per day)</li> <li>• Avoid alcohol</li> <li>• Exercise (20-30 mins 3-4 X/week)</li> </ul> <p><input type="checkbox"/> Heart Failure Patient Guide</p> <p><input type="checkbox"/> End-of-life directives</p> |
| <input type="checkbox"/> Obesity<br><input type="checkbox"/> Smoker<br><input type="checkbox"/> Alcohol<br><br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> HTN<br><input type="checkbox"/> CAD<br><input type="checkbox"/> Cardiomyopathy<br><input type="checkbox"/> Atrial fib<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> COPD<br><input type="checkbox"/> Renal disease<br><br><input type="checkbox"/> Other: _____  | <p><b>Baseline Investigations</b> (✓ when done; normal or add values prn)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> FBG: _____</td> <td><input type="checkbox"/> ECG _____</td> </tr> <tr> <td><input type="checkbox"/> TSH: _____</td> <td><input type="checkbox"/> CXR _____</td> </tr> <tr> <td><input type="checkbox"/> eGFR: _____</td> <td><input type="checkbox"/> Echo (date): _____</td> </tr> <tr> <td><input type="checkbox"/> AST: _____</td> <td><input type="checkbox"/> EF _____ %</td> </tr> <tr> <td><input type="checkbox"/> Albumin: _____</td> <td><input type="checkbox"/> EF _____ %</td> </tr> <tr> <td><input type="checkbox"/> CBC: _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> U/A: _____</td> <td></td> </tr> </table> | <input type="checkbox"/> FBG: _____  | <input type="checkbox"/> ECG _____  | <input type="checkbox"/> TSH: _____ | <input type="checkbox"/> CXR _____  | <input type="checkbox"/> eGFR: _____ | <input type="checkbox"/> Echo (date): _____ | <input type="checkbox"/> AST: _____         | <input type="checkbox"/> EF _____ % | <input type="checkbox"/> Albumin: _____ | <input type="checkbox"/> EF _____ %     | <input type="checkbox"/> CBC: _____ |                                     | <input type="checkbox"/> U/A: _____ |                                     |  |  |
| <input type="checkbox"/> FBG: _____  | <input type="checkbox"/> ECG _____   |  |                                     |                                     |                                     |                                      |   |   |                                     |   |   |                                     |                                     |                                     |                                     |  |  |
| <input type="checkbox"/> TSH: _____  | <input type="checkbox"/> CXR _____   |  |                                     |                                     |                                     |                                      |   |   |                                     |   |   |                                     |                                     |                                     |                                     |  |  |
| <input type="checkbox"/> eGFR: _____   | <input type="checkbox"/> Echo (date): _____  |  |                                     |                                     |                                     |                                      |   |   |                                     |   |   |                                     |                                     |                                     |                                     |  |  |
| <input type="checkbox"/> AST: _____  | <input type="checkbox"/> EF _____ %  |  |                                     |                                     |                                     |                                      |   |   |                                     |   |   |                                     |                                     |                                     |                                     |  |  |
| <input type="checkbox"/> Albumin: _____  | <input type="checkbox"/> EF _____ %  |  |                                     |                                     |                                     |                                      |   |   |                                     |   |   |                                     |                                     |                                     |                                     |  |  |
| <input type="checkbox"/> CBC: _____  |  |  |                                     |                                     |                                     |                                      |   |   |                                     |   |   |                                     |                                     |                                     |                                     |  |  |
| <input type="checkbox"/> U/A: _____  |  |  |                                     |                                     |                                     |                                      |   |   |                                     |   |   |                                     |                                     |                                     |                                     |  |  |

**VISITS (3 - 6 MONTHS)**

| DATE  | BP | WEIGHT<br>Lbs   Kg | LABS (most recent) |   |      | SYMPTOMS REVIEW; EXAM NOTES; MEDICATIONS | *NYHA CLASS |
|---|----|--------------------|--------------------|---|------|--|-------------|
|   |    |                    | Na                 | K | eGFR |  |             |
| BASELINE REVIEW OF CLINICAL STATUS AND MEDICATIONS (SET TARGET DOSES) |    |                    |                    |   |      |  |             |
|   |    |                    |                    |   |      |  |             |
|   |    |                    |                    |   |      |  |             |
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|   |    |                    |                    |   |      |  |             |
|   |    |                    |                    |   |      |  |             |
|   |    |                    |                    |   |      |  |             |

**REMINDEERS: Review Na/fluid intake and activity levels**

**TREATMENT RECOMMENDATIONS (SEE REVERSE)**

**VACCINATIONS**

Annual Flu: DATE

Pneumovax: DATE

| *NYHA CLASS | SEVERITY                                  |
|-------------|---|
| I           | No symptoms                               |
| II          | Symptoms with ordinary activity           |
| III         | Symptoms with less than ordinary activity |
| IV          | Symptoms at rest                          |