



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

Physician's Signature

Date and Time

Denton Regional Medical Center

Patient Identification