Proposed CPRS Note to Document CHF Management

Congestive Heart Failure Documentation

Admission Chart Review

Automated entry of the discharge medications

An echo ejection fraction is to be done within the past 2 years or repeated with significant change in symptoms

Ejection Fraction _____% Date of Echo   Location of echo

If ejection fraction is < 40 %

Was beta blocker(Carvediolol/ToprolXL)administered on admission
☐ Yes ☐ No
Reason for No Bradycrdia
        First Degree AV block
        COPD
        Acute exacerbation of CHF

Was ACE administered on admission   ☐ Yes ☐ No
                                            Reason for No Hypotension
                                             Hypperkalemia
                                             Elevated creatinine

Was ARB administered on admission   ☐ Yes ☐ No
                                        Reason for No No Hypotension
                                             Hypperkalemia
                                             Elevated creatinine

Was CHF Education completed after admission   ☐ Yes ☐ No
                                                Reason for No

Was Diet instruction CHF provided after admission ☐ Yes ☐ No

If the ejection fraction is 30-35%, was consideration given to AICD placement? ☐ Yes ☐ No

      Reason for No

If LBBB is present, was consideration given to BiV pacing? Yes ☐ No
Reason for No

Pre-discharge Review

Automated entry of the discharge medications

Was an echo preformed within the past two years?
Was a recent echo obtained because of an exacerbation in symptoms?
☐ Yes ☐ No
Reason for No

What was the ejection fraction?

Was beta blocker(Carvediolol/Toprol XL) prescribed at discharge?
☐ Yes ☐ No
Reason for No First degree AV block
            Hypotension
            COPD

Was ACE prescribed at discharge, in patients with an EF < 40%?
☐ Yes ☐ No
Reason for No   Hypotension
            Hypperkalemia
            Elevated creatinine

Was ARB prescribed at discharge, in patients with an EF < 40%?
☐ Yes ☐ No

Reason for No   Hypotension
            Hypperkalemia
            Elevated creatinine

Was instruction in a low salt intake provided?
☐ Yes ☐ No
Reason for No

Has the patient received pre-discharge teaching for CHF?
☐ Yes ☐ No
If no, why not?

Indicate the date of follow up cardiology appointment:
        Date:
        Clinic:

This template is currently being developed as a CNT application by the following company.

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When it is complete it would be easy to modify the template to your specifications.

This provides an excellent way to guide care and documentation of guideline compliance simultaneously.