Basoor's Heart Failure Checklist

Primary Cardiologist/ Attending:_____
Discharge Date: _____
Brief History: _____
Non Compliance to Medications: No □ ; Yes □_____

Patient Name
DOB:
OR
PLUE Label

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

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

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

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.