

SK CDM-QIP Heart Failure Flow Sheet

Type of Heart Failure: ☐ HFrEF (reduced ejection fraction LVEF $\leq$ 40%) ☐ HFpEF (preserved ejection fraction LVEF $\geq$ 50%) ☐ HFmrEF (minimally reduced ejection fraction LVEF 41-49%) Date of HF diagnosis: _____ (Echo LVEF _____%)		Patient Name: Date of Birth: HSN:	
CV Comorbidities: ☐ CAD ☐ AF ☐ Cardiomyopathy ☐ Valvular heart disease ☐ Congenital heart ☐ Hypertension ☐ Pacemaker ☐ ICD Other Comorbidities: ☐ Diabetes ☐ Dyslipidemia ☐ CKD stage _____ ☐ OSA			
		Date:	Date:
Subjective			
Cardiac Symptoms & Stability	New or change in HF symptoms <i>(edema, exertional dyspnea, decreased exercise tolerance, orthopnea/PND, angina, palpitations, increased diuretic use)</i>	☐ No ☐ Yes:	☐ No ☐ Yes:
	NYHA Functional Class Class I: HF symptoms only at levels of exertion that would limit normal individuals Class II: HF symptoms with ordinary exertion Class III: HF symptoms with less than ordinary exertion Class IV: HF symptoms at rest	☐ class I ☐ class II ☐ class III ☐ class IV	☐ class I ☐ class II ☐ class III ☐ class IV
Psychosocial review	Is patient experiencing low mood/anhedonia/anxiety? <i>(Consider use of PHQ-9, GAD-7)</i> Comments	☐ Yes ☐ No ☐ Not asked	☐ Yes ☐ No ☐ Not asked
Lifestyle	Nutrition/diet review <i>(Intake of sodium, alcohol, other fluids)</i>		
	Physical activity <i>(consider referral to cardiac rehab if available)</i>		
	Smoking status ☐ Non-smoker ☐ Ex-smoker ☐ Smoker	☐ Non-smoker ☐ Ex-smoker ☐ Smoker	☐ Non-smoker ☐ Ex-smoker ☐ Smoker
	Smoking cessation advice (if required) ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CVD Investigations	ECG <i>(Baseline resting ECG at diagnosis, repeat every 1 to 2 years if stable, more frequent if change in CV symptoms)</i>	☐ Ordered today ☐ Up to date	☐ Ordered today ☐ Up to date
	Echocardiography <i>(At diagnosis; then about every 3 years if stable; more frequent if change in clinical status)</i>		
	Lipid profile – LDL, non-HDL <i>(Non-fasting lipid profile recommended annually; treatment target is LDL-Chol < 2 mmol/L or >50% reduction from baseline; alternate target non-HDL < 2.6 mmol/L)</i>	LDL Non-HDL Result Test Date	LDL Non-HDL Result Test Date

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		Date:	Date:	Date:
		Result	Test Date	Result
Other Investigations	Screen for Diabetes (A1C or fasting glucose annually)			
	Screen for OSA (Recommended annually; use STOP-BANG questionnaire and sleep study if indicated. Untreated OSA negatively impacts management of COPD and quality of life)	☐ reviewed risk factors/screened ☐ referred for sleep study ☐ known OSA diagnosis		☐ reviewed risk factors/screened ☐ referred for sleep study ☐ known OSA diagnosis
	Renal function and Lytes (Monitor as needed to ensure stability; adjust prescriptions; consider changes to diet/potassium intake if hyperkalemia)			
Physical exam & Volume Assessment	Weight (kg)			
	BP			
	Pulse / Rhythm			
	Other exam findings			
	Volume Assessment/Status (Assessment requires combination of history, symptoms, and clinical exam findings)	☐ Hypovolemic ☐ Euvolemic ☐ Fluid overload		☐ Hypovolemic ☐ Euvolemic ☐ Fluid overload
HF medications	ACEi/ARB/ARNI (ACE inhibitor or ARB or ARNI indicated for HFrEF unless contraindicated)	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - indicated, declined ☐ No - unable to afford		Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - indicated, declined ☐ No - unable to afford
	Beta blocker (Bisoprolol, carvedilol or metoprolol SR indicated for all people with HFrEF)	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - indicated, declined ☐ No - unable to afford		Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - indicated, declined ☐ No - unable to afford
	MRA (Indicated as part of standard HFrEF therapy [with ACEi/ARB/ARNI, beta-blocker, +/- SGLT2i]; must be able to monitor for hyperkalemia and changes to renal function)	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - indicated, declined ☐ No - unable to afford		Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - indicated, declined ☐ No - unable to afford
	SGLT2 inhibitor (Dapagliflozin or empagliflozin indicated as part of HFrEF quadruple therapy. Dapagliflozin or empagliflozin indicated for treatment of HF with LVEF >40% (HFrEF or HFmrEF))	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - indicated, declined ☐ No - unable to afford		Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No - indicated, declined ☐ No - unable to afford
	Other CV meds			
	HF medication adherence/comments/notes			

		Date:	Date:	Date:
Vaccines	Vaccines reviewed, details, comments <i>(Check EHR viewer for vaccine status)</i>			
Management Plan	Patient goals/self-management			
	Patient HF education <i>(HF info sheet, action plan, nutrition resources)</i>			
	Advance care planning <i>(Discuss as needed; provide resources)</i>			
	Referrals for education/nutrition/cardiac rehab			
	Referrals to medical specialists			
	Assessment and management plan <i>(Changes to medications, resources provided to patient, etc.)</i>			
For CDM QIP online resources/handouts, information points for aspects of care, and details of CDM QIP indicators – https://www.ehealthsask.ca/services/CDM/Pages/default.aspx				