

Heart Failure Core Measures Checklist

Completed by  
ED Nurse or  
Admitting Nurse

#1 Order Set and Care Maps (Use for HF diagnosis. Omit for "history of" HF patients) Section Verified Complete by: \_\_\_\_\_

**ALERT:** Evidence shows that use of standard orders and care maps are associated with better patient outcomes.

Order Set used:  Yes  No-(not offered by staff)  No-(physician declined)

Care Map used:  Yes  No

Completed by  
Point of Care Nurse

#2 LVF Assessment Section Verified Complete by: \_\_\_\_\_

**ALERT:** LVF Assessment MUST be documented; call Physician.

LVF Assessment documented:  Yes, Known EF \_\_\_\_\_% or

Physician documented reason for NOT doing LVF assessment

#3 Smoking Cessation Section Verified Complete by: \_\_\_\_\_

**ALERT:** Patients with recent smoking history MUST be offered Smoking Cessation Advise

Patient smoked in past 12 months:  Yes  No, go to #4

Smoking cessation advice given:  Yes  Offered, but Patient Refused

Completed by  
Discharge Nurse

#4 ACEI or ARB Prescribed at Discharge Section Verified Complete by: \_\_\_\_\_

**ALERT:** LVSD patient without documented contraindications MUST receive prescription; call Physician if not done.

EF: \_\_\_\_\_% LVSD? (EF<40%)  Yes  No, go to #5

ACE-inhibitor or ARB therapy prescribed at Discharge:

Yes, Medication prescribed: \_\_\_\_\_

No, contraindicated: (Contraindications must be documented for BOTH the ACEI and ARB)

ACEI allergy or intolerance

Moderate/severe aortic stenosis

ARB allergy or intolerance

Renal artery stenosis

Hyperkalemia

Hypotension

Renal impairment

Other contraindications (explain) \_\_\_\_\_

#5 Discharge Instructions & Medication Reconciliation Section Verified Complete by: \_\_\_\_\_

**ALERT:** Patient MUST receive complete discharge instructions addressing all 6 topics below.

Instructions given, including:  Activity Level  Follow-Up Physician Appointment

Weight Monitoring  Discharge Medication-

Diet  What to do if symptoms worsen

Medication Reconciliation completed upon discharge:  Yes  No

Discharge Date: \_\_\_\_\_

## Heart Failure Core Measures Checklist

**Instructions:**

1. Initiate Checklist in chart *immediately upon admission or identification of Heart Failures as a diagnosis* (often in ER).
2. Nurse signature in *section verified complete by* when all elements of section have been addressed.
3. Pre-Discharge Review: Enter discharge date and ensure that each and every *section verified complete*.
4. This document is NOT a part of the patient Permanent Medical Record.
5. Forward form to Quality Management Services when completed.

**Examples**

**(This list is NOT all inclusive, call pharmacy with any questions)**

**ACE Inhibitors**

(Angiotensin Converting Enzyme)

Generic name ends with "pril"

- Enalapril (Vasotec)
- Ramipril (Altace)
- Lisinopril (Zestril, Prinivil)
- Captopril (Capoten)
- Benazepril (Lotensen)
- Fospinipril (Monopril)
- Quinapril (Accupril)
- Moexipril (Univasc)
- Perindopril (Aceon)
- Trandolapril (Mavik)

**ARB's**

(Angiotension Receptor Blocker)

Generic name ends with "tan"

- Valsartan (Diovan)
- Candesartan (Atacand)
- Losartan (Cozaar)
- Losartan/ HCTZ (Hyzaar)
- Telmisartan (Micardis)
- Telmisartan/HCTZ (Micardis HCT)
- Irbesartan (Avapro)
- Olmestartan (Benicar)
- Eprosartan (Teveten)