

# HEART FAILURE PROGRESS NOTES

1. Evaluation of LV Function before or during hospitalization:

Previous LV Function documented in H&P or Progress Note, EF \_\_\_\_\_ %

**OR**

Current hospitalization testing, EF \_\_\_\_\_ %

2. ACE-I or ARB at time of discharge for patients with EF less than 40%

Prescribed

If not, document the contraindication(s):

### Both ACE-I/ARB

Hyperkalemia

Cough

Hypotension

Angioedema

Renal Dysfunction

Moderate/Severe Aortic Stenosis

Bilateral Renal Artery Stenosis

Pregnancy

Financial constraints

Other \_\_\_\_\_

3. Check all applicable diagnose(s) or other and document accordingly:

Acute Systolic Heart Failure

Acute Systolic and Diastolic Heart Failure

Acute on Chronic Heart Failure

Acute Diastolic Heart Failure

Acute on Chronic Diastolic Heart Failure

Left Heart Failure

Systolic Heart Failure

Chronic Systolic Heart Failure

Chronic Diastolic Heart Failure

Chronic Systolic and Diastolic Heart Failure

Other \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



ST. VINCENT CHARITY  
MEDICAL CENTER

2351 EAST 22ND STREET  
CLEVELAND, OH 44115  
stvincentcharity.com

*A Ministry of the Sisters of Charity Health System*



MR.PROGRESS

SVPOD-086 (6/08)

PATIENT LABEL