

# Heart Failure Daily Checklist



Use this checklist as a QI tool to improve outcomes through better communication with providers, patients, and families.

DATE: \_\_\_\_\_

PATIENT INITIALS: First: \_\_\_\_\_ Middle\*: \_\_\_\_\_ Last: \_\_\_\_\_ \*Use "X" if middle initial is unknown.

DOB: \_\_\_\_\_ CONSENT OBTAINED:  Yes  No

Diagnosis (circle): **Cardiomyopathy** OR **Congenital Heart Disease**

Daily Check

- My dry weight is: \_\_\_\_\_ kg      My weight today: \_\_\_\_\_ kg  
Weight Trend versus yesterday (circle):    ↑    ↓      Meeting Nutritional Goals (circle):    **Yes**    **No**
- Today I have:  
 GI Symptoms (circle): **Nausea/Vomiting** | **Feeding/PO Intolerance** | **Stomach Hurts**  
 No GI Symptoms
- Today I am (circle): **Dry & Warm** | **Dry & Cold** | **Wet & Warm** | **Wet & Cold**
- My approximate goal fluid balance is: \_\_\_\_\_
- Current Rhythm Concerns:  **No**  **Yes** - Details: \_\_\_\_\_
- My Heart Failure Score (see back for table):  
**Sun** \_\_\_\_\_ **Mon** \_\_\_\_\_ **Tues** \_\_\_\_\_ **Wed** \_\_\_\_\_ **Thurs** \_\_\_\_\_ **Fri** \_\_\_\_\_ **Sat** \_\_\_\_\_
- Any changes from yesterday's assessment: \_\_\_\_\_  **N/A**
- My oral heart failure medications are (circle):  
**at goal** OR **being optimized** OR **at maximum tolerated dose** OR **not actively titrating** OR **N/A**
- My heart failure plan today is (examples: extubate, ambulate, eat 3 meals): \_\_\_\_\_

Update As Necessary

- I have a history of an arrhythmia:  
**Last Arrhythmia Occurrence:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Details / Treatment Adjustment:** \_\_\_\_\_  **N/A**
- My goal vitals are:  
**Systolic range** \_\_\_\_\_      **MAP range** \_\_\_\_\_      **Oxygen saturation** \_\_\_\_\_
- My fluid goal: **minimum** \_\_\_\_\_ ml/day AND **maximum** \_\_\_\_\_ ml/day  
I am on antithrombotic therapy: **No** OR **Yes** – Med: \_\_\_\_\_ with goal level \_\_\_\_\_  **N/A**
- Barriers to discharge (circle):  
**symptoms** | **medication optimization** | **discharge logistics** | **awaiting transplant** | **awaiting VAD**

FILLED OUT, POSTED AT BEDSIDE, AND READ BACK DURING ROUNDS BY: \_\_\_\_\_

Days completed (circle): **Sun**    **Mon**    **Tue**    **Wed**    **Thu**    **Fri**    **Sat**

Scan the QR code to track frequency of use each day you use the checklist.



# Heart Failure Daily Checklist



## Heart Failure Score Table

	None 0	Mild 1	Moderate 2	Severe 3	Life- Threatening 4	Sub-Score
<i>Respiratory Insufficiency</i>	Normal	Mild increased WOB but no respiratory support beyond NC	Requiring CPAP, BiPAP, HFNC	Mechanical Ventilation	ECMO	
<i>Feeding Intolerance</i>	Full PO Diet	Intermittent anorexia, nausea, early satiety <b>OR</b>  Feeding tube supplementation	Moderate abdominal symptoms OR not tolerating full enteral nutrition	Severe abdominal symptoms, unable to tolerate enteral nutrition beyond tropics	Active NEC or proven mesenteric ischemia	
<i>Inactivity/ Immobility</i>	No limitations	Mild inactivity, can participate in play/ambulation or feeding (infants) > 15 minutes	Moderate inactivity limiting play/ambulation or feeding (infants) to < 15 minutes	Bedridden due to symptoms, mechanical ventilation	Deep sedation or paralysis to meet metabolic demands	