Heart Failure Bundle of Care .	Addressograph, or Name DOB Unit no. / CHI
Site: **Ward:**	

This care bundle should be completed if the patient has:

1. been admitted with cardiac failure
2. has Left Ventricular Systolic Dysfunction on Echocardiogram

Date of Admission:		Consultant:	
Date of Discharge:			
Expert Review		**Response**	**Date & sign**
Has the patient been reviewed by a Cardiology Consultant or Heart Failure nurse during the inpatient admission?		Yes □ Other □ _____	
What is the aetiology of the heart failure?			
Are evidence based drugs prescribed?		**Response**	**Date & sign**
ACE inhibitor or ARB? If no has Isosorbide/Hydralazine combination been considered?		Yes □ No □ Contraindicated □ Yes □ No □	
Beta-blocker? If Beta-blocker is contraindicated and heart rate>75bpm in sinus rhythm has Ivabradine therapy been considered?		Yes □ No □ Contraindicated □ Yes □ No □ To be reviewed at clinic □	
Spironolactone/Eplerenone been prescribed if NYHA II-IV		Yes □ No □ Contraindicated □ To be reviewed at clinic □	
Expert Review continued – Are any cardiac devices indicated?		**Response**	**Date & sign**
Does the patient have Left Bundle Branch Block? If yes - has a Cardiac resynchronisation therapy pacemaker (CRTP) been considered?		Yes □ No □ Yes □ No □ To be reviewed at clinic □	
Does the patient have history of VT or high risk of life-limiting arrhythmia? If yes - is an Implantable Cardioverter Defibrillator (ICD) required?		Yes □ No □ Yes □ No □ To be reviewed at clinic □	
Is the patient <65 years of age? If yes - have advanced heart failure therapies been considered? (left ventricular assist device or cardiac transplant)		Yes □ No □ Yes □ No □ To be reviewed at clinic □	
Does the patient have ongoing symptoms of NYHA IV* and require referral to palliative care services? *Please see guidance notes on reverse for NYHA classification		Yes □ Not appropriate □	
□ **Referral to Heart Failure Nurse**		**Response**	**Date & sign**
Referral made to Heart Failure Nurse **RIE**: 21863, **WGH:** 32596, **SJH**: 53881		Yes □ No □	

Guidance Notes

NYHA - New York heart Failure Classification of symptoms:

Class 1: No limits - ordinary physical activity does not cause undue tiredness or shortness of breath.

Class 2: Slight or mild limits - comfortable at rest, but ordinary physical activity results in tiredness or shortness of breath.

Class 3: Marked or noticeable limits - comfortable at rest, but less than ordinary physical activity causes tiredness or shortness of breath.

Class 4: Severe limits - unable to carry on any physical activity without discomfort. Symptoms are also present at rest. If any physical activity is undertaken, discomfort increases.

Criteria for Cardiac Resynchronisation Therapy Pacemaker

NHYA II-IV
Left Bundle Branch Block on ECG = Refer to cardiology for advice

Palliative Care pathway required?

Is the patient in the last 6 months of life?
Do they have heart failure symptoms despite being on optimised treatment?
Do they require a DNACPR or ICD deactivated?
Has their prognosis been discussed with the family?