

**University Medical Center  
CHF Kardex**

Primary MD \_\_\_\_\_

Age: \_\_\_\_\_ Admit Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Advance Directive: \_\_\_\_\_ Code Status: \_\_\_\_\_

Addressograph \_\_\_\_\_

Chief complaint on admission / Admitting Diagnosis: \_\_\_\_\_

ICU Diagnosis / Surgery & Date of Surgery: \_\_\_\_\_

Past Medical / Surgical Hx.: \_\_\_\_\_

Isolation: \_\_\_\_\_  
Consults: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Daily Plan**      Date: \_\_\_\_\_

Baseline BNP  
 Patient on Disease Specific CareMap®  
 IV Diuretics

Daily Weight: Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_  
                    Day 3 \_\_\_\_\_ Day 4 \_\_\_\_\_

IV Drips \_\_\_\_\_  
Echo Results: \_\_\_\_\_

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If EF < 40% ACE-I (Captopril, Accupril, Vasotec, Altace, Other: \_\_\_\_\_)

Nutrition Consult: 2 Gm Na Diet  
 I&O

LOS: \_\_\_\_\_

**Current Problems:**

<input type="checkbox"/> Volume Overload	<input type="checkbox"/> SOB	<input type="checkbox"/> Edema
<input type="checkbox"/> Rales	<input type="checkbox"/> JVD	<input type="checkbox"/> Increased Weight

**Resolution:**

<input type="checkbox"/> Weight Down	<input type="checkbox"/> Euvolemia (dry weight) by Day 3
<input type="checkbox"/> Clinically improved:	<input type="checkbox"/> Decreased Weight <input type="checkbox"/> Decreased SOB
<input type="checkbox"/> Decreased Edema	<input type="checkbox"/> Switch to PO Diuretics
<input type="checkbox"/> Ace I continued	<input type="checkbox"/> Beta-Blocker

**Flu Vaccine** - for patients > 50 y.o.  
Was it given     Yes     No  
If no, institute Influenza Vaccine Standing Order Sheet (Oct. - Mar.)

**Pneumonia Vaccine** - for patients > 65 y.o.  
Was it given     Yes     No  
If no, institute Pneumonia Vaccine Standing Order Sheet. (All year)

**Notes:**

**Discharge Plan:**

Home with VNS CHF Team  
 Home with telephone follow up  
 Transfer to facility: \_\_\_\_\_

**Safety/Activity**

Falls Protocol Level: \_\_\_\_\_ Gait steady Y / N    Cane./ Walker

**Activity:**

Bedrest     Dangle     OOB to Chair     Ad Lib     OOB with Assist  
 Sitter     Physical Restraints - Type: \_\_\_\_\_

Speech consult date \_\_\_\_\_ Results \_\_\_\_\_  
Swallow eval. Date \_\_\_\_\_ Results \_\_\_\_\_  
PT consult date \_\_\_\_\_ Frequency \_\_\_\_\_  
Treatments \_\_\_\_\_

**Teaching / Psychosocial**

**Smoking Cessation** -  
HARP ext. # 5293  
Breath and Lung 201 - 996-2211  
HARP Rep. ext. # 2038  
Respiratory Educator ext. # 5927

Patient verbalizes understanding of:

<input type="checkbox"/> Signs and Symptoms of Heart Failure	<input type="checkbox"/> Daily weights at home
<input type="checkbox"/> Calls MD with > 2-3 lbs weight gain in 1-2 days or > 5 lbs in one week	
<input type="checkbox"/> Medications	<input type="checkbox"/> Na restricted diet
	<input type="checkbox"/> Activity Level

Patient Received:

<input type="checkbox"/> "Living with Heart Failure"	<input type="checkbox"/> "The Stronger Pump"
<input type="checkbox"/> Smoking Cessation	

PATIENT	CARE	CATEGORIES
<p><b>Shift Assessment</b></p> <p><u>Cardiac</u></p> <ul style="list-style-type: none"> <li>Vital Signs <u>q</u> _____ hr</li> <li>Telemetry # _____</li> <li>Rhythm _____</li> <li>Temp _____</li> <li>Pacemaker/AICD _____</li> </ul> <p><u>Respiratory</u></p> <ul style="list-style-type: none"> <li>O<sub>2</sub> _____ Sat % _____</li> <li>Trach Collar _____</li> <li>RESP TX _____</li> <li>Lung Sounds _____</li> </ul> <p><u>Neurological</u></p> <ul style="list-style-type: none"> <li>Orientation _____</li> <li>EEG _____</li> <li>CVA _____</li> </ul> <p><u>GU/Renal</u></p> <ul style="list-style-type: none"> <li>Foley/Insertion Date _____</li> <li>24° urine _____</li> <li>I &amp; O _____ / _____</li> <li>HD _____</li> </ul> <p><u>GI</u></p> <ul style="list-style-type: none"> <li>Last BM _____</li> <li>NGT/KFT/Peg _____</li> <li>Diet _____</li> <li>Nutritional Needs _____</li> </ul> <p><u>Pain Management</u> _____</p>	<p><u>Wounds/Dsgs</u> _____</p> <p><u>Drains/Tubes</u> _____</p> <p><u>Blood Sugars</u> _____</p> <p><u>Central Lines / Shiley / HO Access</u></p> <p>Type: _____</p> <p>Location: _____</p> <p>Insertion Date: _____</p> <p>Type: _____</p> <p>Location: _____</p> <p>Insertion Date: _____</p> <p>PIV: Date Inserted: _____</p> <p>Location: _____</p> <p>PIV: Date Inserted: _____</p> <p>Location: _____</p> <p>IVFS/gtts: _____</p> <p>_____</p> <p>_____</p> <p>Date last type/screen _____</p> <p>Blood transfusion/FFP _____</p> <p>_____</p> <p>Blood transfusion consent _____</p>	<p><u>Tests and Labs</u></p> <p>X-rays - date _____</p> <p>Results _____</p> <p>U/A C&amp;S - date _____</p> <p>Results _____</p> <p>Sputum C&amp;S - date _____</p> <p>Results _____</p> <p>Blood Culture- date _____</p> <p>Results _____</p> <p>Wound C&amp;S - date _____</p> <p>Results _____</p> <p>CT Scan - date _____</p> <p>Results _____</p> <p>Dopplers - date _____</p> <p>Results _____</p> <p>Cardiac Cath/Procedure - date _____</p> <p>Results _____</p> <p>Echo - date _____</p> <p>Results _____</p> <p>Other tests: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Abnormal Labs: _____</p>

Daily Updates:

Day 1: \_\_\_\_\_ Day \_\_\_\_\_

Day 2: \_\_\_\_\_ Day \_\_\_\_\_

Day 3: \_\_\_\_\_ Day \_\_\_\_\_

Day 4: \_\_\_\_\_ Day \_\_\_\_\_

Day 5: \_\_\_\_\_ Day \_\_\_\_\_