

# Heart Failure Review Checklist

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Medication Review	<input checked="" type="checkbox"/>	BP/Pulse	<input checked="" type="checkbox"/>
		Weight	<input checked="" type="checkbox"/>
Shortness of breath	<input checked="" type="checkbox"/>	Chest	<input checked="" type="checkbox"/>
Limitations	<input checked="" type="checkbox"/>	Oedema	<input checked="" type="checkbox"/>
Exercise tolerance	<input checked="" type="checkbox"/>		
NYHA classification	<input checked="" type="checkbox"/>	Depression	<input checked="" type="checkbox"/>
Orthopnoea	<input checked="" type="checkbox"/>	Smoking/Alcohol	<input checked="" type="checkbox"/>
PND	<input checked="" type="checkbox"/>	HF Education	<input checked="" type="checkbox"/>
Chest pain	<input checked="" type="checkbox"/>	<b>Plan:</b>	
Dizziness	<input checked="" type="checkbox"/>	<b>Medication Changes</b>	
Palpitations	<input checked="" type="checkbox"/>	<b>Investigations</b>	
Cough	<input checked="" type="checkbox"/>	<b>Follow up</b>	