

McLaren Print System Order

Order No: 50192
Order Date: 2019-11-09
User: Renee Bell
Phone: 810 342 2406

Ship Location: 6 central mclaren flint attn renee
401 s ballenger hwy
flint michigan 48532,

Forms

Quantity: 1
Paragon Dept No: 23090
Dept Name: transitional care unit telemetry
Company Number: 60

Order Total Price: 100.00

Item Number: STOCK
Item Description: Heart Failure Core Measures
Revision Date: 2/2015
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: Each package contains 100 sheets. This form is specially produced in full color with die cuts and stickers.

Joint Commission/CMS
HEART FAILURE CORE MEASURES

Doctor: Please complete and sign this form prior to discharge.

HEART FAILURE: PLEASE INDICATE TYPE OF HEART FAILURE

Assessment of Left Ventricular Function
 Left ventricular ejection fraction is _____

SPECIFIC HEART FAILURE TYPE

- Acute Systolic Heart Failure
- Acute Diastolic Heart Failure
- Acute Diastolic and Systolic Heart Failure
- Acute on Chronic Systolic Heart Failure
- Acute on Chronic Diastolic Heart Failure
- Acute on Chronic Systolic and Diastolic Heart Failure
- Chronic Systolic Heart Failure
- Chronic Diastolic Heart Failure
- Chronic Systolic and Diastolic Heart Failure

ACEI or ARB

- Patient has a current order for ACEI or ARB
- Patient not receiving ACEI or ARB for this reason:
 - Allergy
 - Angioedema
 - Acute renal failure
 - Previous trial of ACEI or ARB failed
 - Significant, mod. or severe aortic stenosis
 - Hypertension
 - Other _____

Physician Signature _____ Date _____ Time _____

Attach to Progress Note.

Spec Info:



Attach to front of chart



Peel and place on Kardex near diagnosis.