

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
  - Hyperkalemia
  - Other \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Attach to Progress Note.**



**Heart Failure Diagnosis**  
Doctor: Please complete heart failure documentation on the light blue sticker in the progress notes.



**Peel and place on Kardex near diagnosis.**

**Attach to front of chart**