В.	PATIENT	DETAI	LS	
2.	Age at tim	ne of ad	mission:	years <b>3.</b> Gender Male Female
4.	BMI at tim	e of ad	mission:	Not recorded
5a.	Did the pat	tient ha	ve any kno	wn comorbidities on admission?
5b.	lf Yes, plea	ase indi	cate which	of the following comorbidities pre-dated this admission
	Myocardial	infarcti	on	Chronic pulmonary disease 🔲 Mild liver disease
	Congestive	e heart f	ailure	Connective tissue disease 🔲 Diabetes without end-organ damag
	Cerebrovas	scular d	isease	Peptic ulcer disease Hemiplegia
	Dementia			Moderate or severe liver disease
	Moderate c disease	or sever	e renal	Metastatic solid tumour Leukemia (acute or chronic)
	Diabetes w damage	rith end-	-organ	AIDS (not just HIV +ve)
	Other			
6a.	Was the p	atient's	mental hea	alth considered on admission?
6b.	Did the pat			n or newly diagnosed mental health 🛛 Yes 🗌 No 🔲 Unknown
6c.	If Yes wha			
7.	Rockwood your review			e score on admission (see definitions on page 2) - please estimate from :
	1 - very fit		🗌 2 - w	rell 3 - managing well 4 - vulnerable 5 - mildly fr
	6 - moderat	ely frail	🗌 7 - se	everely frail 🔲 8 - very severely frail 🔲 9 - terminally ill
8a.				York Heart Association Functional Classification Score
	Was this doo during this re		•	atients notes or estimated recorded in the notes estimated
9a.	What was tl	he patie	ent's Karno	fsky score? (see definitions on page 2) %
	Was this do during this r			eatients notes or estimated in the notes estimated ?
10a.	. Was the p	atient p	reviously d	iagnosed with heart failure?
10b.	. If Yes wha	t was th	ne underlyii	ng cause?
	Valvular		schaemic ardiomyopa	athy Don ischaemic Tachyarrhythmia/
	Other			Unknown
10c.	. If previous	ly diagn	iosed,how	long prior to the final admission was the diagnosis made?
	< 3months		3-6 month	s >6-9 months >9-12 months >12 months

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM.

11a.	Did the patient have any hospital attendances in the 6 months prior to their final admission?	Yes outpa Yes E attend	D	<ul><li>Yes inpa episode</li><li>None</li></ul>	tient	Unknown
11b.	Were treatment changes made at the time of the last admission/attendance?	Yes	🗌 No	Unknown		
11c.	If Yes, were these appropriate?	Yes	🗌 No	Unknown		
11d.	If No, please explain					
11e.	If No treatment changes were made, in your opinion were treament changes indicated?	Yes	🗌 No	Unknown		
11f.	If Yes, please explain					
12a.	In your opinion was there an opportunity to prevent this final admission?	Yes	🗌 No	Unknown		
12b.	If Yes, please explain					
13a.	Had the patient been previously referred for a procedure/therapy for heart failure?	Yes	No No	Unknown		
13b.	If Yes, what?					
13c.	If No, in your opinion should they have been referred?	Yes	🗌 No	Unknown		
13d.	If Yes, please explain					
14a.	Had the patient previously undergone a procedure/therapy for heart failure?	Yes	🗌 No	Unknown		
14b.	If Yes, what?					
14c.	If No, in your opinion should they have undergone a procedure/therapy for heart failure?	Yes	🗌 No	Unknown		
14d.	If Yes, please explain					
	3			<b>I II II II II IIIII</b> D R A I II II II II II IIIII 0 0 0 0 0 0 0 0		

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM.

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FOF

THIS IS A DRAFT FORM. THIS IS A DRAFT

<b>C</b> .	ADMISSION									
If admitted via the Emergency Department, this is the time/date they were formally admitted on to a ward										
17.	Time/date of admission to hospital:       Image: Particular product of the second									
18.	What was the mode of admission?									
	Emergency department (self referral)									
	GP referral to assessment unit From outpatient clinic									
	Via community heart failure team       Other (please state):									
Amb	oulance Patient Report Form (PRF)									
Plea	se answer the following questions if the patient arrived to hospital by ambulance									
19a.	What was the presenting complaint as detailed by the person that called the ambulance?									
19b.	What was the presenting complaint as detailed by the ambulance crew?									
20.	Onset of symptoms Time of call Time at patient Time at hospital									
21.	Did the patient receive prehospital CPR?									
22.	Initial observations									
Re	spiratory rate Not documented Heart rate Not documented									
GC	S or AVPU Not documented SpO2 Not documented									
Blo	od pressure / / Not Temperature · · · · C · Not documented									
23a.	Was an ECG done? Yes No Unknown									
23b.	If Yes what was the rate? 21c. If Yes what was the rhythm?									
23c.	If Yes was left bundle branch block present? 🔲 Yes 🗌 No 🗌 Unknown									
24.	Which of the following treatments were given in the ambulance?									
	Oxygen Salbutamol Aspirin IV fluids									
	Furosemide/diuretics GTN/Nitrates Opioids Other									
	oral IV oral sublingually IV									
25.	Was a pre alert sent?									
26a	. In your opinion was the prehospital management appropriate?									
26b	. If No please expand on your answer?									
L										
THIS	IS A DRAFT FORM THIS IS A DRAFT									

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM.

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FOF

IS A DRAFT FORM.

EMERGENCY DEPARTMENT
Please omit this section if the patient did not attend the emergency department
26a. Time/date of ambulance arrival or arrival in ED:
h     m     m     y
<b>26b.</b> Time/date of initial triage assessment:
24 hr clock Time unknown 24 hr clock Date unknown
hh mm d d mm y y y y <b>26c.</b> Initial triage observations:
Respiratory rate Not documented Heart rate Not documented
GCS or AVPU
BP
<b>27.</b> Initial inspired oxygen concentration (%): or litres/minute: Not given
28. Oxygen delivered by: Nasal cannulae Non re-breathe device Venturi
Not given Other Not documented
29. Initial NEWS score: Or NEWS score not used
<b>30.</b> Time/date of first clinical assessment after triage:
24 hr clock     Time unknown       2 0 1 6       Date unknown
h h     m m     d d     m m     y y y y       31. Healthcare professional who made initial assessment     Grade:     Specialty:
<b>32.</b> Which of the following investigations were undertaken in ED?
BNP U+E Blood gas ECG Echo LFTs CRP INR
Chest X-ray FBC I lactate Troponin USS chest/heart Cardiac enzymes
<b>33a.</b> Which of the following treatments/interventions were undertaken in ED?
Oxygen       CPAP       NIV       intubation       oral diuretics       opioid         instrument       instrument       certain       certain       certain       opioid
inotropes urinary catheter cardioversion IV diuretics oral digoxin
s/I nitrates IV fluids antibiotics bronchodilators beta blockers IV digoxin
IV nitrates     Others (please specify)
<b>33b.</b> In your opinion were any important investigations, Yes No Unknown treatments or interventions omitted in ED?
<b>33c.</b> If Yes please provide details
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM.

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT

## THIS IS A DRAFT FORM. THIS IS A DRAFT

nt first admitted to?		Oracial
General Medical Ward		Special Cardiol
Care of the Elderly		Renal w
Level 3 (e.g. ICU)		Combin (e.g. H
e right location?		Yes
mitting doctor Grade:		Sp
ade of the admitting		Yes
onsultant review:		
Date unknow	n	
/ y		h h
ning of the first		Yes
ate?		
		_
ssment by a cardiology d		?
Date unknow		
Date unknow		? □   □
Date unknow	n 	h h
Date unknow	n 	
Date unknow	n 	h h
Date unknow	n	h h
Date unknow	n	h h Yes
Date unknow	n	h h Yes
Date unknow	n	Yes
Date unknow	n	Yes
Date unknow		Yes
Date unknow		Yes Yes
Date unknow		Yes Yes Yes Yes
Date unknow		Yes Yes Yes Yes
Date unknow	n	Yes Yes Yes Yes Yes

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM.

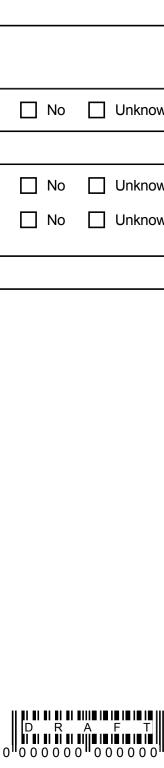
D. INPATIENT CARE
<b>34a.</b> What ward was the patient first admitted to?
Medical General Medical Ward Speciality Cardiology Ward Other (please specify
Coronary Care Unit Care of the Elderly Renal ward
Level 2 (e.g. HDU) Level 3 (e.g. ICU)
<b>34b.</b> In your opinion was this the right location?
34c. If No, please explain
<b>35a.</b> Grade and specialty of admitting doctor Grade: Specialty: Not documente
<b>35b.</b> In your opinion was the grade of the admitting Yes No Unknown doctor appropriate?
35c. If No, please explain
<b>36a.</b> Date and time of the first consultant review:
Date unknown
dd mm yyyy hhmm
Specialty of consultant
<b>36b.</b> In your opinion was the timing of the first consultant review appropriate?
<b>36c.</b> If No, please explain
<b>37a.</b> Date and time of first assessment by a cardiology doctor? Not assessed by a cardiology doctor
<b>37b.</b> Grade of cardiology doctor:
<b>37c.</b> In your opinion was the timing of this appropriate? Yes No Unknown
37d. If No, please explain
<b>37e.</b> Did specialist cardiology review result in treatment Yes No Unknown changes?
<b>38a.</b> Did specialist cardiology review result in treatment Yes No Unknown changes?
<b>38b.</b> If Yes, please provide details
39a. Was the patient reviewed by a Specialist HF Yes No Unknown Nurse?
<b>39b.</b> Was the patient reviewed by a Pharmacist ?
9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

THIS IS A DRAFT FORM. THIS IS A THIS IS A DRAFT FORM. THIS IS A DRAFT

	THIS	S IS A DR	AFT F	ORM.	TH	IS IS A D	RAFT F	ORM.	THIS	IS A	DRAFT FO	RM.	THIS IS	S A DRA	FT FOR	<b>M.</b> 7	THIS	IS A DH	RAFT
FOF																			
AFT																			
A DRAFT FOI	39a	. Which	n of th	ne foll	owin	g invest	igation	s were			ut during	the in	patien	t stay?					
THIS IS A DRAFT FORM. THIS IS		BNP		NT pr	оBN	Р 🗌	U&E				racic 2D ECHC	, 🗆	СТРА		d dime	er		FBC	
		eGFR		Thyro functi			Liver functio	<sub>ח</sub> 🗆	Trop	onin			CXR		ECG			Renal	US
		Lipids		Fastir gluco	•		MRI		Othe spec		ease								
DRAFT	39b	In you	r opir	nion v	vere	any inve	estigatio	ons tha	at sho	ould I	have		Yes		No		Unk	nown	
ISA	39c					ation(s)	?												
THIS		BNP		NT pr	оBN	Р 🗌	U&E				racic 2D ECHC	, 🗆	СТРА		d dime	er		FBC	
RM.		eGFR		Thyro functi			Liver functio		Trop	onin			CXR		ECG			Renal	US
NFT FC		Lipids		Fastir gluco	•		MRI		Othe spec		ease								
THIS IS A DRAFT FORM	39d	I. Pleas	e exp	olain y	our														
SI SIH		answe	-					1	•		( <b>1</b>								
	39e	that w				ys to cai ì?	rrying o	ut any	inves	stiga	tions		Yes		No		Unk	nown	
HIS IS A DRAFT FORM.	39f.	. Please answe	•	olain y	our														
<b>JRAF</b>	40a	. Which	of the	e follo	owing	g treatm	ents/in	terven	tions	did t	he patien	t rece	ive?						
I V S		Ox Ox	ygen			CPAP		NIV			ACEI			oral di	uretics		IV o	diureti	CS
THISI		🗌 ino	trope	s		urinary catheter		antibi	otics		cardiove	rsion		oral di	goxin		IV o	digoxir	า
		s/l	nitrat	es		V nitrate		IV flui	ds		broncho	dilator	rs 🔲	oral be blocke				oeta ckers	
THIS IS A DRAFT FORM			neralo tagon	ocorti	coid			Other											
A DRA			U							L									
IS IS /	40b	omitte		non v	vere	any imp	ortant	treatm	ents/i	nter	ventions		□ Y	es 🗌	] No		] Un	knowr	٦
ΗT	40c	. If Yes	which	n trea	tmer	nts/inter	vention	S:											
ORM.		Ox 🗌	ygen					NIV			ACEI			oral di	uretics		IV o	diuretio	CS
AFT F		🗌 ino	trope	s		urinary catheter		antibi	otics		cardiove	rsion		oral di	-			digoxir	I
A DR/		s/l	nitrat	es		V nitrate	es 🗌	IV flui	ds		broncho	dilator	s 🗌	oral be blocke				oeta ckers	
THIS IS A DRAFT FORM			neralo tagon	ocorti list	coid			Other											
	40d	I. Please answe	-	olain y	our														
THIS IS A DRAFT FORM.	40e	. Were treatm				ys to coi ons?	mmenc	ing an	у				Yes		No		Unk	nown	
A DRA	40f.	. Pleas	-	olain y	our									8  9	81 81 81 81			1 🔳 111	
SI SIH		answe	51.			L				ç	9				R             0 0 0 0		F		
Ε														5 0 0		0.0	000	, 0	

THIS	IS A DRAFT FORM. THIS I	S A DRAFT FORM.	THIS IS A DRAFT FORM	. THIS IS A	A DRAFT FO	RM. THIS IS A	A DRAFT
41a.	In your opinion were app diuretic treatment?	propriate changes	s made to the patient's	🗌 Yes	🗌 No	Unknov	A
41b.	If No please expand upo	on your answer:					
42a.	In your opinion were any have been?	medications sto	pped that should not	Yes	🗌 No	Unknov	VII
42b.	In your opinion were any have been?	medications cor	ntinued that should not	🗌 Yes	🗌 No		5
42c.	In your opinion were we not have been?	re any medication	ns started that should	Yes	🗌 No		vn Av
42d.	In your opinion were any have been?	medications not	started that should	Yes	🗌 No		vn vn
42e.	If you answered Yes to a	any part of Q42 p	lease provide details:				
43a.	Did the patient undergo	a procedure in th	ne cardiac cath lab?	🗌 Yes	🗌 No	Unknov	vn vn
43b.	If Yes what procedure?						
43c.	In your opinion was this	appropriate?		Yes	🗌 No	Unknov	vn
43d.	If the patient did not unc lab, in your opinion shou		e in the cardiac cath	Yes	🗌 No	Unknov	vn 5
43e.	If Yes please explain						

41a.	In your opinion were appropriate changes made to the patient's diuretic treatment?	🗌 Yes	🗌 No	Unknown
41b.	. If No please expand upon your answer:			
42a.	In your opinion were any medications stopped that should not have been?	🗌 Yes	🗌 No	Unknown
42b.	In your opinion were any medications continued that should not have been?	Yes	🗌 No	Unknown
42c.	In your opinion were were any medications started that should not have been?	🗌 Yes	🗌 No	Unknown
42d.	In your opinion were any medications not started that should have been?	🗌 Yes	🗌 No	Unknown
42e.	If you answered Yes to any part of Q42 please provide details:			
43a.	Did the patient undergo a procedure in the cardiac cath lab?	🗌 Yes	🗌 No	Unknown
43b.	. If Yes what procedure?			
43c.	In your opinion was this appropriate?	🗌 Yes	🗌 No	Unknown
43d.	. If the patient did not undergo a procedure in the cardiac cath	☐ Yes	□ No	
	lab, in your opinion should they of?			



THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FOF

THIS IS A DRAFT FORM. THIS IS A	A DRAFT FORM.	THIS IS A DRAFT	FORM. T	HIS IS A DE	RAFT FORM	I. THIS IS A DRA	FT				
<b>44a.</b> Did the patient undergo a inpatient stay?	ny ward transfe	rs during their		🗌 Yes	🗌 No	Unknown					
<b>44b.</b> If Yes which wards were they transferred to (please select all that apply)?											
Medical Assessment Uni	t 🗌 Genera	I Medical Ward		Spec	iality Card	iology Ward					
Coronary Care Unit Care of the Elderly Renal ward											
Level 2 (e.g. HDU)											
Other (please state):					,						
45a. Please provide details of	the clinical spec	cialties that were	involved v	with the o	ngoing cai	e of this patient	?				
<b>45b.</b> In your opinion was the le	wel of specialist	innut annronriat	P			<b>—</b>					
for this patient?			.C	Yes	∐ No	Unknown					
<b>45c.</b> If No please expand upor this?	1										
46a. Was a treatment escalati	on decision mad	de?		Yes 🗌	] No 🗌	Unknown					
46b. If Yes, what was the date	and time of this	decision?									
d d m m y y 46c. Please indicate what esc	y y	e unknown s were made:	hh m	24 hr n m	clock	Time unknown					
For CPR	Not	for CPR									
For invasive ventilatio	n 🗌 Not	for invasive vent	ilation								
For critical care referr		for critical care r									
For Renal Replaceme	ent D Not	for Renal Replac apy	cement								
For vasopressor supp	ort 🗌 Not	for vasopressor	support								
For inotropic support	Not	for inotropic sup	port								
Other (please state):											
47a. Was escalation of treatme	ent discussed w	ith the patient?	E	Yes	🗌 No	Unknov	vn				
47b. If not discussed, was the	reason for this c	locumented?	Ľ	] Yes	🗌 No						
47c. If not discussed, was this	due to the patie	nt's medical con	dition?	Yes	🗌 No						
47d. If Yes, please expand upo	on your answer:										
		11									

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM.

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM.

THIS IS A DRAFT FOF

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM.

48a.	Was treatment escalation discussed with the patient's family (or other/next of kin?)	🗌 Yes	🗌 No
48b.	Doctor who made decision: (please see page 2 for codes): Grade:	Specialty:	
48c.	If decision made by non-consultant, was the decision confirmed by a consultant?	🗌 Yes	🗌 No
49a.	Was the patient referred for Level 2/3 (e.g. HDU/ICU) admission?	🗌 Yes	🗌 No
49b.	If No, in your opinion, do you think the patient should have been referred?	🗌 Yes	🗌 No
49c.	If Yes, please expand on your answer		
50a.	Was the patient admitted to: Level 3 Level 2 Mixed Level 2/3		Not admitted
50b.	If Yes, please provide the date and time of this level 2/3 admission: (if the patient admission to level 2/3 please put the date of the first admission)	had more tha	
	h h m m 24 hr clock Time unknown d d m m y y y y	] 🔲 Date ເ	Inknown
50c.		No	
50d.	If Yes, please expand on your answer:		
-4	If the patient was not admitted to level 2/3 care please go to que Which interventions/monitoring did the patient receive in the level 2/3 ward? (If the		more than
51.	one admission to a level 2/3 ward please answer the question for the first admissi		
	Respiratory     Cardiovascular support     Cardiovascular support	_	Mechanical
		HOHODES I I	support
	RRT monitoring Other		
52a.	What was the outcome of the level 2/3 stay? Discharged to	o ward	Died
<b>52b.</b>	For patients discharged to a ward, what was the date/time of discharge?         Image: Date unknown       Image: Date unknown         Image: Date unknown       Image	Time un	
52c.	Was the patient discharged under the care of a cardiology specialist Yes team?	No 🗌	Not applicable
52d	Was the patient discharged to a cardiology specialist ward?	🗌 No 🗌	Not applicable
52e.	For patients not discharged to a cardiology ward or under the cardiology team, please describe arrangements for post level 2/3 care:		
52f.	Was the patient discharged for palliative care?	🗌 No	
52g	Was the patient readmitted to a level 2/3 ward?	🗌 No	
		II II IIIII II II II II II R A F II II IIIIII II II II II II 0 0 0 0 0 0	

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM.

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM.

THIS IS A DRAFT FOF

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM.

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAFT

THIS IS A DRAFT FORM. THIS IS A DRAFT

THIS IS A	A DRAFT FORM. THIS IS A DRAFT FORM. THIS IS A DRAF	T FORM	. THIS IS A	DRAFT FO	ORM. THIS	S IS A DRAFT
52a. W	Vhat was the date and time of death?				<b>7</b>	
d	d m m y y y y	h h	m m	hr clock	_ Time u	nknown
<b>52b.</b> S	peciality of consultant responsible at time of death					
53 \	Was death anticipated?	Y Y	es 🗌	No	Not de	ocumented
<b>54a</b> . \	Was treatment withdrawn?	□ Y	es 🗌	No	Not de	ocumented
54b.	If YES, was treatment withdrawal discussed with (pleas	_	-	• • /		
	☐ Patient ☐ Relatives f not discussed, please provide reasons:	Пс	onsultant pl	nysician		
J4C. II						
	Was the patient referred to / discussed with the palliative care team?	□ Y	es 🗌	No	Not de	ocumented
<b>55b.</b>	If No, In your opinion should they have been ?	□ Y	es 🗌	No	Not de	ocumented
<b>56a.</b> V	Vas CPR attempted?	T Y	es 🗌	No		
<b>56b.</b> V	What level ward was the patient on when they died?					
	Level 0         Level 1         Level 2		Level 3	3 [	Not do	cumented
57.	Overall assessment of care for this patient (please sele	ect one	category or	nly)		
	Good practice: a standard of care you would expedient institution	ct from	yourself, yo	ur trainee	es and you	r
	Room for improvement: aspects of CLINICAL care	that co	ould have be	een bette	r	
	Room for improvement: aspects of ORGANISATIC	DNAL ca	are that cou	ld have b	een bette	-
	Room for improvement: ASPECTS OF CLINICAL , could have been better	and of	RGANISATI	ONAL ca	re that	
	Less than satisfactory: several aspects of CLINICA that were well below a standard you would expect institution					
	Insufficient data					
<b>57b.</b> P	Please provide reasons for your grade:					
∟ 58a. Is	ssues to highlight in report?	T Y	es 🗌	No		
<b>58b.</b> If	f Yes what					
Γ						
<b>59.</b> C	Cause for concern blurb and tick box as usual					
				D R		T
	14		0	00000	00000	0 0 1

THIS IS A DRAFT FORM. THIS IS A DRAFT FORM.