B. PATIENT DETAILS

2. Age at time of admission: [ ] [ ] [ ] years

3. Gender: [ ] Male  [ ] Female

4. BMI at time of admission: [ ] [ ] [ ]  [ ] Not recorded

5a. Did the patient have any known comorbidities on admission? [ ] Yes  [ ] No  [ ] Unknown

5b. If Yes, please indicate which of the following comorbidities pre-dated this admission

- Myocardial infarction
- Congestive heart failure
- Cerebrovascular disease
- Dementia
- Moderate or severe renal disease
- Diabetes with end-organ damage
- Other

- Chronic pulmonary disease
- Connective tissue disease
- Peptic ulcer disease
- Moderate or severe liver disease
- Metastatic solid tumour
- AIDS (not just HIV +ve)
- Lymphoma

6a. Was the patient's mental health considered on admission? [ ] Yes  [ ] No  [ ] Unknown

6b. Did the patient have a known or newly diagnosed mental health condition on admission? [ ] Yes  [ ] No  [ ] Unknown

6c. If Yes what? __________________________

7. Rockwood clinical frailty scale score on admission (see definitions on page 2) - please estimate from your review of the casenotes:

- 1 - very fit
- 2 - well
- 3 - managing well
- 4 - vulnerable
- 5 - mildly frail
- 6 - moderately frail
- 7 - severely frail
- 8 - very severely frail
- 9 - terminally ill

8a. What was the patient's New York Heart Association Functional Classification Score prior to admission? (see definitions on page 2) [ ] [ ]

8b. Was this documented in the patients notes or estimated during this review of the case? [ ] recorded in the notes  [ ] estimated

9a. What was the patient's Karnofsky score? (see definitions on page 2) [ ] [ ] %

9b. Was this documented in the patients notes or estimated during this review of the case? [ ] recorded in the notes  [ ] estimated

10a. Was the patient previously diagnosed with heart failure? [ ] Yes  [ ] No  [ ] Unknown

10b. If Yes what was the underlying cause?

- Valvular
- Ischaemic cardiomyopathy
- Non ischaemic cardiomyopathy
- Hypertensive
- Tachyarrhythmia/ tachycardia
- Other  [ ]

10c. If previously diagnosed, how long prior to the final admission was the diagnosis made?

- < 3 months
- 3-6 months
- >6-9 months
- >9-12 months
- >12 months
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a. Did the patient have any hospital attendances in the 6 months prior to their final admission?</td>
<td>Yes outpatients, Yes ED attendance, Yes inpatient episode, None, Unknown</td>
</tr>
<tr>
<td>11b. Were treatment changes made at the time of the last admission/attendance?</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>11c. If Yes, were these appropriate?</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>11d. If No, please explain</td>
<td></td>
</tr>
<tr>
<td>11e. If No treatment changes were made, in your opinion were treatment changes indicated?</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>11f. If Yes, please explain</td>
<td></td>
</tr>
<tr>
<td>12a. In your opinion was there an opportunity to prevent this final admission?</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>12b. If Yes, please explain</td>
<td></td>
</tr>
<tr>
<td>13a. Had the patient been previously referred for a procedure/therapy for heart failure?</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>13b. If Yes, what?</td>
<td></td>
</tr>
<tr>
<td>13c. If No, in your opinion should they have been referred?</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>13d. If Yes, please explain</td>
<td></td>
</tr>
<tr>
<td>14a. Had the patient previously undergone a procedure/therapy for heart failure?</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>14b. If Yes, what?</td>
<td></td>
</tr>
<tr>
<td>14c. If No, in your opinion should they have undergone a procedure/therapy for heart failure?</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>14d. If Yes, please explain</td>
<td></td>
</tr>
</tbody>
</table>
C. 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:  
   h m 24 hr clock  d m y 
   2 0 1 6

18. What was the mode of admission?
   □ Emergency department (self referral)  □ Emergency department (arrived by ambulance)
   □ GP referral to assessment unit  □ From outpatient clinic
   □ Via community heart failure team  □ Other (please state):

Ambulance Patient Report Form (PRF)

Please 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
   h m  h m  h m  h m

21. Did the patient receive prehospital CPR?  □ Yes  □ No  □ Unknown

22. Initial observations
   Respiratory rate  □ Not documented
   GCS or AVPU  □ Not documented
   Blood pressure  /  □ Not documented
   Heart rate  □ Not documented
   SpO2  □ Not documented
   Temperature  ℃  □ 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?  □ Yes  □ No  □ Unknown

26a. In your opinion was the prehospital management appropriate?  □ Yes  □ No  □ Unknown

26b. If No please expand on your answer:
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:

<table>
<thead>
<tr>
<th>h h</th>
<th>m m</th>
<th>2016</th>
<th>Date unknown</th>
</tr>
</thead>
</table>

26b. Time/date of initial triage assessment:

<table>
<thead>
<tr>
<th>h h</th>
<th>m m</th>
<th>2016</th>
<th>Date unknown</th>
</tr>
</thead>
</table>

26c. Initial triage observations:

Respiratory rate Not documented Heart rate Not documented

GCS or AVPU Not documented SpO2 Not documented

BP Not documented / Not documented Temperature Not documented

27. Initial inspired oxygen concentration (%): or litres/minute:

28. Oxygen delivered by: Nasal cannulae Non re-breathe device Venturi

29. Initial NEWS score: or NEWS score not used

30. Time/date of first clinical assessment after triage:

<table>
<thead>
<tr>
<th>h h</th>
<th>m m</th>
<th>2016</th>
<th>Date unknown</th>
</tr>
</thead>
</table>

31. Healthcare professional who made initial assessment

Grade: Specialty:

32. Which of the following investigations were undertaken in ED?

BNP U+E Blood gas ECG Echo LFTs CRP INR

arterial venous Chest X-ray FBC lactate Troponin USS chest/heart Cardiac enzymes

33a. Which of the following treatments/interventions were undertaken in ED?

Oxygen CPAP NIV intubation oral diuretics opioid

inotropes urinary catheter cardioversion IV diuretics oral digoxin

s/l nitrates IV fluids antibiotics bronchodilators beta blockers IV digoxin

IV nitrates Others (please specify)

33b. In your opinion were any important investigations, treatments or interventions omitted in ED?

Yes No Unknown

33c. If Yes please provide details


**D. INPATIENT CARE**

34a. What ward was the patient first admitted to?

- [ ] Medical Assessment Unit
- [ ] General Medical Ward
- [ ] Cardiology Ward
- [ ] Renal ward
- [ ] Level 2 (e.g. HDU)
- [ ] Level 3 (e.g. ICU)
- [ ] Combined level 2/3 (e.g. HDU/ICU)
- [ ] Other (please specify):

34b. In your opinion was this the right location?

- [ ] Yes
- [ ] No
- [ ] Unknown

34c. If No, please explain

35a. Grade and specialty of admitting doctor

- Grade: [ ]
- Specialty: [ ]
- [ ] Not documented

35b. In your opinion was the grade of the admitting doctor appropriate?

- [ ] Yes
- [ ] No
- [ ] Unknown

35c. If No, please explain

36a. Date and time of the first consultant review:

- Date: [ ] [ ] [ ] [ ] [ ]
- Time: [ ] [ ]
- 24 hr clock: [ ]
- Time unknown: [ ]

36b. In your opinion was the timing of the first consultant review appropriate?

- [ ] Yes
- [ ] No
- [ ] Unknown

36c. If No, please explain

37a. Date and time of first assessment by a cardiology doctor?

- Date: [ ] [ ] [ ] [ ] [ ]
- Time: [ ] [ ]
- 24 hr clock: [ ]
- Time unknown: [ ]

37b. Grade of cardiology doctor:

- [ ]
- Grade of doctor unknown

37c. In your opinion was the timing of this appropriate?

- [ ] Yes
- [ ] No
- [ ] Unknown

37d. If No, please explain

37e. Did specialist cardiology review result in treatment changes?

- [ ] Yes
- [ ] No
- [ ] Unknown

38a. Did specialist cardiology review result in treatment changes?

- [ ] Yes
- [ ] No
- [ ] Unknown

38b. If Yes, please provide details

39a. Was the patient reviewed by a Specialist HF Nurse?

- [ ] Yes
- [ ] No
- [ ] Unknown

39b. Was the patient reviewed by a Pharmacist?

- [ ] Yes
- [ ] No
- [ ] Unknown
39a. Which of the following investigations were carried out during the inpatient stay?

- [ ] BNP
- [ ] NT proBNP
- [ ] U&E
- [ ] Transthoracic Doppler/2D ECHO
- [ ] CTPA
- [ ] d dimer
- [ ] FBC
- [ ] eGFR
- [ ] Thyroid function
- [ ] Liver function
- [ ] Troponin
- [ ] CXR
- [ ] ECG
- [ ] Renal US
- [ ] Lipids
- [ ] Fasting glucose
- [ ] MRI
- [ ] Other (please specify)

39b. In your opinion were any investigations that should have been undertaken, omitted?

- [ ] Yes
- [ ] No
- [ ] Unknown

39c. If Yes which investigation(s)?

- [ ] BNP
- [ ] NT proBNP
- [ ] U&E
- [ ] Transthoracic Doppler/2D ECHO
- [ ] CTPA
- [ ] d dimer
- [ ] FBC
- [ ] eGFR
- [ ] Thyroid function
- [ ] Liver function
- [ ] Troponin
- [ ] CXR
- [ ] ECG
- [ ] Renal US
- [ ] Lipids
- [ ] Fasting glucose
- [ ] MRI
- [ ] Other (please specify)

39d. Please explain your answer:

39e. Were there any delays to carrying out any investigations that were undertaken?

- [ ] Yes
- [ ] No
- [ ] Unknown

39f. Please explain your answer:

40a. Which of the following treatments/interventions did the patient receive?

- [ ] Oxygen
- [ ] CPAP
- [ ] NIV
- [ ] ACEI
- [ ] oral diuretics
- [ ] IV diuretics
- [ ] Inotropes
- [ ] urinary catheter
- [ ] Antibiotics
- [ ] Cardioversion
- [ ] Oral digoxin
- [ ] IV digoxin
- [ ] S/l nitrates
- [ ] IV nitrates
- [ ] IV fluids
- [ ] Bronchodilators
- [ ] Oral beta blockers
- [ ] IV beta blockers
- [ ] Mineralocorticoid antagonist
- [ ] Other

40b. In your opinion were any important treatments/interventions omitted?

- [ ] Yes
- [ ] No
- [ ] Unknown

40c. If Yes which treatments/interventions:

- [ ] Oxygen
- [ ] CPAP
- [ ] NIV
- [ ] ACEI
- [ ] Oral diuretics
- [ ] IV diuretics
- [ ] Inotropes
- [ ] Urinary catheter
- [ ] Antibiotics
- [ ] Cardioversion
- [ ] Oral digoxin
- [ ] IV digoxin
- [ ] S/l nitrates
- [ ] IV nitrates
- [ ] IV fluids
- [ ] Bronchodilators
- [ ] Oral beta blockers
- [ ] IV beta blockers
- [ ] Mineralocorticoid antagonist
- [ ] Other

40d. Please explain your answer:

40e. Were there any delays to commencing any treatments/interventions?

- [ ] Yes
- [ ] No
- [ ] Unknown

40f. Please explain your answer:
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 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:

In your opinion were appropriate changes made to the patient's diuretic treatment? [ ] Yes [ ] No [ ] Unknown

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 lab, in your opinion should they of? [ ] Yes [ ] No [ ] Unknown
43e. If Yes please explain
44a. Did the patient undergo any ward transfers during their inpatient stay?  
☐ Yes  ☐ No  ☐ Unknown

44b. If Yes which wards were they transferred to (please select all that apply)?  
☐ Medical Assessment Unit  ☐ General Medical Ward  ☐ Speciality Cardiology Ward  
☐ Coronary Care Unit  ☐ Care of the Elderly  ☐ Renal ward  
☐ Level 2 (e.g. HDU)  ☐ Level 3 (e.g. ICU)  ☐ Combined level 2/3 (e.g. HDU/ICU)  
☐ Other (please state):  

45a. Please provide details of the clinical specialties that were involved with the ongoing care of this patient?  

☐ Yes  ☐ No  ☐ Unknown

45b. In your opinion was the level of specialist input appropriate for this patient?  
☐ Yes  ☐ No  ☐ Unknown

45c. If No please expand upon this?  

46a. Was a treatment escalation decision made?  
☐ Yes  ☐ No  ☐ Unknown

46b. If Yes, what was the date and time of this decision?  
☐ Date unknown ☐ 24 hr clock  ☐ Time unknown  

46c. Please indicate what escalation decisions were made:  
☐ For CPR  ☐ Not for CPR  
☐ For invasive ventilation  ☐ Not for invasive ventilation  
☐ For critical care referral  ☐ Not for critical care referral  
☐ For Renal Replacement Therapy  ☐ Not for Renal Replacement Therapy  
☐ For vasopressor support  ☐ Not for vasopressor support  
☐ For inotropic support  ☐ Not for inotropic support  
☐ Other (please state):  

47a. Was escalation of treatment discussed with the patient?  
☐ Yes  ☐ No  ☐ Unknown

47b. If not discussed, was the reason for this documented?  
☐ Yes  ☐ No

47c. If not discussed, was this due to the patient’s medical condition?  
☐ Yes  ☐ No

47d. If Yes, please expand upon your answer:  


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: □□□□□□□□ Specialties: □□□□□□□□
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 □ CCU □ Not admitted
50b. If Yes, please provide the date and time of this level 2/3 admission: (if the patient had more than one admission to level 2/3 please put the date of the first admission)

□ □ [24 hr clock] □ Time unknown □ □ □ □ □ Date unknown

50c. If No, in your opinion, should the patient have been admitted? □ Yes □ No
50d. If Yes, please expand on your answer:

If the patient was not admitted to level 2/3 care please go to question 53a

51. Which interventions/monitoring did the patient receive in the level 2/3 ward? (If the patient had more than one admission to a level 2/3 ward please answer the question for the first admission)
□ Respiratory □ Cardiovascular support
□ CPAP □ NIV □ Invasive ventilation □ IABP □ ECMO □ Vasopressors □ Inotropes □ Mechanical support
□ RRT □ Cardiac output monitoring □ Other

52a. What was the outcome of the level 2/3 stay? □ Discharged to ward □ Died
52b. For patients discharged to a ward, what was the date/time of discharge?
□ □ □ □ □ Date unknown □ □ [24 hr clock] □ Time unknown

52c. Was the patient discharged under the care of a cardiology specialist team? □ Yes □ No □ Not applicable
52d. Was the patient discharged to a cardiology specialist ward? □ Yes □ 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? □ Yes □ No
52g. Was the patient readmitted to a level 2/3 ward? □ Yes □ No
52a. What was the date and time of death?

☐ Date unknown  ☐ 24 hr clock  ☐ Time unknown

d d m m y y y y

h h m m

52b. Speciality of consultant responsible at time of death

53 Was death anticipated?

☐ Yes  ☐ No  ☐ Not documented

54a. Was treatment withdrawn?

☐ Yes  ☐ No  ☐ Not documented

54b. If YES, was treatment withdrawal discussed with (please select all that apply):

☐ Patient  ☐ Relatives  ☐ Consultant physician

54c. If not discussed, please provide reasons:

55a. Was the patient referred to / discussed with the palliative care team?

☐ Yes  ☐ No  ☐ Not documented

55b. If No, In your opinion should they have been?

☐ Yes  ☐ No  ☐ Not documented

56a. Was CPR attempted?

☐ Yes  ☐ No

56b. What level ward was the patient on when they died?

☐ Level 0  ☐ Level 1  ☐ Level 2  ☐ Level 3  ☐ Not documented

57. Overall assessment of care for this patient (please select one category only)

☐ Good practice: a standard of care you would expect from yourself, your trainees and your institution

☐ Room for improvement: aspects of CLINICAL care that could have been better

☐ Room for improvement: aspects of ORGANISATIONAL care that could have been better

☐ Room for improvement: ASPECTS OF CLINICAL AND ORGANISATIONAL care that could have been better

☐ Less than satisfactory: several aspects of CLINICAL AND/OR ORGANISATIONAL care that were well below a standard you would expect from yourself, your trainees and institution

☐ Insufficient data

57b. Please provide reasons for your grade:

58a. Issues to highlight in report?

☐ Yes  ☐ No

58b. If Yes what

59. Cause for concern blurb and tick box as usual