

## Key data

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1. Audit record number

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2. Hospital number

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3. Date of birth

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4. Gender

male

female

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5. First part of patient's postcode

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6. Date of admission to hospital

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7. Did the patient die during this admission

yes

no

If yes, was the recorded cause of death

heart failure or complications of heart failure

other cause(s)

not recorded

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8. Date of discharge from hospital (or death if applicable)

# Patient history

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9. What is the patient's smoking status

current smoker

ex smoker (stopped more than 3 months)

life long non-smoker

not recorded

If current or ex-smoker,  
how many cigarettes smoked per day?  
or  
pack years?

don't know

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10. Is there a record of the patient's weekly alcohol intake?

units per week

not recorded

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11. Does the patient have any significant co-morbidities?

Please tick all that apply

none

hypertension

stroke

respiratory disease

locomotor problems

neurological

problems

visual impairment

diabetes

depression/anxiety

other



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18. Is there a record for any of the following used to assess functional capacity?

Tick all that apply:

- breathlessness scale (eg NYHA scale)
  - objective measure of O<sub>2</sub> capacity
  - treadmill test without O<sub>2</sub> consumption test
  - cardiopulmonary exercise test with O<sub>2</sub> consumption
  - none recorded
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19. Is there a record of raised jugular venous pressure  
(also called jugular venous distension)

- yes – elevated
  - yes – not elevated
  - not recorded
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20. Is there a record of peripheral oedema?

- yes – present
- yes – not present
- not recorded

If present, was it?

- leg/swollen ankles
  - sacral
  - not recorded
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21. What was first blood pressure (on arrival)?

mmHg

- not recorded

# Initial management

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22. For each of the following medications, is it recorded if the patient was prescribed

diuretic

prior to admission   
prescribed during stay   
on discharge   
not prescribed   
not recorded

ACE inhibitor

prior to admission   
prescribed during stay   
on discharge   
not prescribed   
not recorded

beta blocker

prior to admission   
prescribed during stay   
on discharge   
not prescribed   
not recorded

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23. Is it recorded that the patient received oxygen during this stay?

yes   
no

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24. Is there a record of the patient's weight in the notes?

yes   
no

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25. Is there a record of the patient's blood pressure (daily) in the notes?

yes   
no

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26. Is there a record of the patient's electrolytes in the notes?

yes   
no

# Pre-discharge phase

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## 27. Pre-discharge assessments

Was blood pressure taken prior to discharge (within 48 hours of discharge)?

yes	<input type="checkbox"/>
no	<input type="checkbox"/>
not recorded	<input type="checkbox"/>

Was the level of breathlessness prior to discharge (within 48 hours of discharge) documented?

breathless at rest	<input type="checkbox"/>
breathless on minor exertion	<input type="checkbox"/>
breathless on strenuous exercise	<input type="checkbox"/>
not recorded	<input type="checkbox"/>

Was patient's weight prior to discharge (within 48 hours of discharge) recorded?

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

Was serum creatinine recorded within 48 hours of discharge

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

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28. Is there a past record of/ or plan to refer for an exercise/rehabilitation programme

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

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29. If a current smoker, was help toward smoking cessation given

referred to smoking cessation programme	<input type="checkbox"/>
advice given and recorded	<input type="checkbox"/>
nothing recorded	<input type="checkbox"/>
not applicable (because non-smoker)	<input type="checkbox"/>

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30. Was there an assessment of the patient's home circumstances and their ability to cope?

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

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31. Where was the patient discharged to?

own home – independent of help	<input type="checkbox"/>
own home – with additional social support	<input type="checkbox"/>
sheltered housing or living with relative	<input type="checkbox"/>
nursing or residential care	<input type="checkbox"/>
not applicable – died in hospital	<input type="checkbox"/>

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32. Is there a letter to the patient's primary care team?

yes

no

If yes, did the letter include a clear list of the patient's medication?

yes

no

not recorded

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33. Which type of consultant was the patient under at time of discharge?

cardiologist

care of elderly

physician

general physician

other

not recorded