

McLaren Print System Order

Order No: 52835 Reprint Previous Order No: 8650
Order Date: 2020-02-26
User: Robin Lutz
Phone: 342-2616

Ship Location: 9 south McLaren Flint Attn: Robin
401 S. Ballenger Hwy.
Flint, MI 48433

Forms

Quantity: 1
Paragon Dept No: 20410
Dept Name: PCU
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

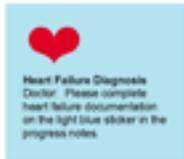
- Acute Systolic Heart Failure
- Acute Diastolic Heart Failure
- Acute Diastolic and Systolic Heart Failure
- Acute on Chronic Systolic Heart Failure
- Acute on Chronic Diastolic Heart Failure
- Acute on Chronic Systolic and Diastolic Heart Failure
- Chronic Systolic Heart Failure
- Chronic Diastolic 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
 - Hyperkalemia
 - Other _____

Physician Signature _____ Date _____ Time _____

Attach to Progress Note.



Attach to front of chart



Peel and place on Kardex near diagnosis.