AHDF CLERKING FORM (DOWNTIME FORM)

Cardiology Review

☐ I have examined the patient and there are no changes identified

☐ Additional notes/ changes identified:

Diagnosis : _____ 🔍   Heart Failure precipitated by _____

Problem List

Case discussed with : _____ 🔍

Care Plan

☐ Admit _____ 🔍

☐ Oxygenation _____ 🔍

☐ Fluid Restriction ____ 🔍 /day

☐ Strict I/O charting

☐ Daily Weight monitoring

☐ Refer Anaesthetic Doctor: _____ 🔍

☐ Refer Heart Failure Nurse

☐ Refer Physiotherapy

☐ Refer Dietitian

☐ Refer Patient Caunsellor

☐ Insert CBD

☐ Daily RP Monitoring

☐ Others

Medication Plan ☐ Continue patient's current medication

DVT prophylaxis

☐ S/C fondaparinox 2.5mg OD (if CrCl > ml/min) or

☐ S/C Clexane 60mg OD (if CrCl < 30ml/min)

Diuretics

- ☐ [_____] 🔍 Frusemide [____] mg [_____] 🔍
- ☐ [_____] 🔍 Bumetanide [____] mg [_____] 🔍
- ☐ Tab. Metolazone [____] mg [_____] 🔍

MRA

- ☐ Tab. Spironolactone [____] mg [_____] 🔍
- ☐ Tab. Eplerenone [____] mg [_____] 🔍

ACE-I/ARB/ARNI

- ☐ Tab. [_____] 🔍 [____] mg OD or
- ☐ Tab. [_____] 🔍 [____] mg OD.
- ☐ Tab. Entresto (Sacubitril/Valsartan) [____] mg [_____] 🔍

Beta Blocker

- ☐ Tab. [_____] 🔍 [____] mg [_____] 🔍

Ivabradine

- ☐ Tab. Ivabradine [____] mg [_____] 🔍

Inotropes (4 inotropes)

- ☐ IVI Dopamine [____] mcg/kg/min
- ☐ IVI Dobutamine [____] mcg/kg/min
- ☐ IVI Noradrenaline [____] mcg/min
- ☐ IVI Adrenaline [____] mcg/min

Additional Medication

[_____]

Investigations:

- ☐ Laboratory: FBC, RP, LFT, TFT, Ca, Mg, PO4, Coag Profile
- ☐ Serial CE (CK, CK-MB, Troponin-T)
- ☐ NTproBNP
- ☐ Others
  [_____]

- ☐ ECHO
- ☐ CXR
- ☐ Serial ECG

Dietary Request:

- ☐ Normal healthy diet
- ☐ Diet for dialysis (for ESKD Patient regular dialysis
- ☐ Therapeutic Diet
  [_____]

- ☐ Diet for diabetes
- ☐ Fluid restriction

Patient & Family Education (PFE)

- ☐ Education on disease process
- ☐ Discuss on treatment and care plan with patient, spouse, next of kin, guardian, or parent(s)
- ☐ Patient Information Leaflet given

Name :_____   Signature: _____

Date & Time: _____