

Phone Assessment for Chronic Heart Failure



Instructions: Use this phone assessment in conjunction with the Zones Sheet to check-in with home care clients. Take your time going through the questions and adapt to individual needs.



DIVERT-CARE CHRONIC HEART FAILURE (CHF) PHONE ASSESSMENT INCLUDES:

- How have you been **feeling** since we last spoke?
- Can you tell me which "**Heart Failure Zone**" you are in today?
- What is your **weight** today?
- Is there any change in your **breathing**?
- Can you do your **usual activities** during the day?
- Do you have any **swelling** to your feet or legs? Is this more than before?
- Are you having any **chest pain**? Is this new? Is it more frequent?
- How many **pillows** are you sleeping on at night time?
- What is your **appetite** like? Is that a change for you?
- Have you had any difficulty with taking your **medications**?
- Have you had to **call your doctor** for any reason since we last spoke?
- Have you been to the **ED** since we last spoke?
- Have any of your **medications changed** since we last spoke?



For more information on Cardiac Disease and CHF, visit <https://www.ccs.ca/en/>

Comprehensive Assessment/Reassessment Home Visit

Instructions: Use this comprehensive assessment in conjunction with the Zones Sheet to check-in with home care clients. Take your time going through the questions and adapt to individual needs.



DIVERT-CARE CHRONIC HEART FAILURE (CHF) COMPREHENSIVE ASSESSMENT TO INCLUDE:

- **VITAL SIGNS** – Check temperature, BP, HR, RR, and O2 Saturation.
- **WEIGHT** – Check and reinforce use of weight logs.
- **CHEST AUSCULTATION** – Assess for crackles, wheezing or pulmonary congestion.
- **SOB** – Determine Baseline: At rest; With exertion; Ability to speak full sentences. Is there any increase from baseline?
- **PND** (Paroxysmal Nocturnal Dyspnea) – Determine Baseline. Is there any increase from baseline?
- **ORTHOPNEA** – Determine Baseline. Is there any increase from baseline? Increased use of pillow? Do they need to sleep in a chair?
- **PEDAL EDEMA** – Use standardized scoring tool.
- **APPETITE** – Determine Baseline - Poor; Fluctuates; Good. Is there any decrease from baseline?
- **APPROXIMATE SODIUM INTAKE** – None; NAS; Non-compliant.
- **FLUID INTAKE** – None; on restricted volume?
- **FATIGUE/ENERGY LEVEL** – Determine Baseline - Inactive; Able to complete ADLs/IADLs; Active outside of home. Is there any decrease from baseline?.
- **NYHA CLASSIFICATION SCORE** - Use standardized tool.



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