

Expanded Comprehensive Diagnostic Checklist

This checklist guides systematic evaluation of patients with suspected or confirmed heart failure. The 2024 ACC Expert Consensus Decision Pathway emphasizes hospitalization as a critical opportunity for complete diagnostic assessment and therapeutic optimization.

Initial Assessment and History

- ☐ Chief complaint and symptom onset documented
- ☐ Duration and progression of symptoms recorded
- ☐ NYHA Functional Class assessed:
 - ☐ Class I: No limitation of physical activity
 - ☐ Class II: Slight limitation; symptoms with ordinary activity
 - ☐ Class III: Marked limitation; symptoms with less-than-ordinary activity
 - ☐ Class IV: Symptoms at rest or with any activity
- ☐ Prior heart failure diagnosis: Yes / No / Unknown
- ☐ Prior hospitalizations for HF: Number ____ Dates ____
- ☐ Last known ejection fraction: ____% Date: ____
- ☐ Current medication list reviewed with doses
- ☐ Medication adherence assessed
- ☐ Dietary sodium intake estimated: ____mg/day
- ☐ Alcohol/Tobacco/Illicit drug use screened
- ☐ Family history of cardiomyopathy or sudden cardiac death

Vital Signs

- ☐ Blood pressure: ____/____ mmHg
- ☐ Heart rate: ____ bpm; Rhythm: Regular / Irregular
- ☐ Respiratory rate: ____ breaths/min
- ☐ Oxygen saturation: ____% on Room air / ____ L O₂
- ☐ Weight: ____ kg (compare to dry weight: ____)

Precipitating Factors Assessment

- ☐ Dietary changes (excess sodium or fluid)
- ☐ Medication nonadherence
- ☐ New/worsening arrhythmia (AFib with RVR, VT, bradycardia)
- ☐ Acute coronary syndrome / Myocardial ischemia
- ☐ Uncontrolled hypertension
- ☐ Infection (source: ____)
- ☐ Pulmonary embolism
- ☐ Anemia (Hgb: ____)
- ☐ Thyroid dysfunction
- ☐ New medications (NSAIDs, CCBs, TZDs)
- ☐ Substance use
- ☐ No identifiable precipitant

Physical Examination – Volume Status

Signs of Congestion:

- ☐ Jugular venous distension (JVP > 8 cm H₂O)
- ☐ Hepatojugular reflux
- ☐ Pulmonary rales/crackles: None / Bibasilar / Diffuse
- ☐ S3 gallop
- ☐ Peripheral edema: None / Trace / 1+ / 2+ / 3+ / 4+
- ☐ Hepatomegaly
- ☐ Ascites

Signs of Low Perfusion:

- ☐ Cool extremities
- ☐ Delayed capillary refill (>2 seconds)
- ☐ Narrow pulse pressure (<25% of systolic)
- ☐ Altered mental status
- ☐ Hypotension / Oliguria

Hemodynamic Profile

WARM-DRY (Profile A)	WARM-WET (Profile B)
Adequate perfusion, No congestion → Optimize oral GDMT	Adequate perfusion, Congested → IV diuretics ± vasodilators
COLD-DRY (Profile L)	COLD-WET (Profile C)
Low perfusion, No congestion → Volume challenge, inotropes	Low perfusion, Congested → Diuretics + inotropes, ICU

- ☐ Hemodynamic profile: A / B / C / L

Biomarkers and Laboratory

Natriuretic Peptides:

- ☐ BNP: ___ pg/mL (HF likely >100; unlikely <100)
- ☐ NT-proBNP: ___ pg/mL

Age-adjusted NT-proBNP thresholds: <50y: >450 | 50-75y: >900 | >75y: >1800 pg/mL, elevation above baseline

Other Labs:

- ☐ Troponin: ___ (trending: Stable / Rising / Falling)
- ☐ Creatinine: ___ (baseline: ___) eGFR: ___ Potassium: ___
- ☐ Sodium: ___ Magnesium: ___
- ☐ Hemoglobin: ___ TSH: ___ HbA1c: ___
- ☐ Ferritin: ___ TSAT: ___% (Iron deficient if Ferritin <100 or TSAT <20%)
- ☐ LFTs: AST ___ ALT ___ Bilirubin ___

Imaging Studies

ECG:

- ☐ Rate: ____ Rhythm: Sinus / AFib / Flutter / Paced / Heart Block
- ☐ QRS: ____ ms (≥ 120 ms) Morphology: Normal / LBBB / RBBB → CRT candidate if LBBB & low EF
- ☐ LVH criteria / Ischemic changes / Low voltage (amyloid?)

Chest X-Ray:

- ☐ Cardiomegaly / Pulmonary congestion / Pleural effusion

Echocardiogram:

- ☐ LVEF: ____% → HFrEF $\leq 40\%$ / HFmrEF 41-49% / HFpEF $\geq 50\%$
- ☐ LV wall thickness: ____ mm (> 12 mm → infiltrative?)
- ☐ E/e' ratio: ____ (> 14 = elevated filling pressure)
- ☐ LAVI: ____ mL/m² (> 34 = elevated)
- ☐ TAPSE: ____ mm (< 17 = RV dysfunction)
- ☐ PASP: ____ mmHg (> 35 = pulm HTN)
- ☐ Valvular abnormalities: ____

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