

**Midstate Emergency Medical Advisory Committee  
CQI Program  
Differential Diagnosis of CHF**

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**Note: Please record the following information for all patients suspected of having Congestive Heart Failure.**

**Agency Code:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **PCR# 4-** \_\_\_\_\_

**Highest Level caring for patient:** AEMT-CC Paramedic

**Hospital Disposition:** \_\_\_\_\_ **Time at the Hospital:** \_\_\_\_\_

**If a Non-Transporting Agency, which ambulance transported patient:** \_\_\_\_\_

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|---|------------------|-------------|---------------|
| 1) Did the patient have a fever?                      | Yes              | No          |               |
| 2) What were the patient's lung sounds?               | Clear            | Rales       | Rhonchi       |
|   | Wheezes          | Stridor     |               |
| 3) Did the patient have JVD?                          | Yes              | No          |               |
| 4) Did the patient have Peripheral Edema?             | Yes              | No          |               |
| 5) Did the patient have a history of CHF?             | Yes              | No          |               |
| 6) Did you administer Nitro under Standing Orders?    | Yes              | No          | Number: _____ |
| 7) Did you administer Lasix under Standing Orders?    | Yes              | No          | Amount: _____ |
| 8) Did you request orders for medications?            | Yes              | No          |               |
| 9) What medication(s) did you request?                | Nitrostat        | Lasix       | Albuterol     |
|   | Morphine Sulfate |             | None          |
| 10) Were any medications ordered not requested?       | Yes              | No          |               |
| 11) Impression of patient on arrival at the hospital: | Improved         | Unchanged   | Worse         |
| 12) Did the patient report any change?                | Great Relief     | Some Relief | No Relief     |
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*FOR REMAC / EMS PROGRAM USE*

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Patient Number:** \_\_\_\_\_

**Patients Admitting / Discharging Diagnosis:** \_\_\_\_\_

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**Field Presumption & Clinical Diagnosis same :** YES NO