



**JSS COLLEGE OF PHYSIOTHERAPY**  
**Department of Cardiopulmonary physiotherapy**

**Evaluation of congestive Heart Failure**

Name:		Age:	
Occupation:		Sex:	
Diagnosis			
Chart review			
Specific questions to be asked for Classification			
History			
Chart review			
<b>Objective assessment</b>			
Vitals:	RR	PR	BP
			SPO2

Chest Radiography	
Evaluation of the pulse and ECG to determine the heart rate and rhythm	
Respiratory support/ other gadgets	

Level of Consciousness	
Cough Effort	
Cough with and without expectoration	
Auscultation	
ABG	
SPO2	
Pain	
Breathing pattern	
Breathlessness	
ECG	
Bed mobility	

Sputum Weight/ volume	
Quality of life questionnaire	

**Progress notes**

Name	Age/sex:	OP NO:	Date:
Week			
Drugs Administered			
Guidelines			
Standard activity/ gradual activity regime			
Goals			
Treatment /Home programme (Exercise prescription)			
Follow up			

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