

Compression and heart failure monitoring



Name: _____

NHS number: _____

District nurse: _____

Heart failure nurse: _____

District nurse tel number: _____

Heart failure nurse tel number: _____

Date	Weight	SOBAR (y/n)	SOBOE (y/n)	PND (y/n)	Orthopnoea (y/n)	New cough (y/n)	R leg compression details		L leg compression details		comments
							Bandage type/above or below knee	Changes to limb size?	Bandage type/above or below knee	Changes to limb size?	
Baseline:											

Compression and heart failure monitoring

Date	Weight	SOBAR (y/n)	SOBOE (y/n)	PND (y/n)	Orthopnoea (y/n)	New cough (y/n)	R leg compression details		L leg compression details		comments
							Bandage type/above or below knee	Changes to limb size?	Bandage type/above or below knee	Changes to limb size?	

SOBAR – shortness of breath at rest; **SOBOE** – shortness of breath on exertion; **PND** - Paroxysmal Nocturnal Dyspnoea (waking from sleep due to breathlessness – frightening); **Orthopnoea** – shortness of breath lying down.

If there are worsening symptoms of breathlessness at rest, breathlessness on exertion, orthopnoea, PND, new cough or weight gain (4 lbs/2 kgs in 3 day period), or reduction in limb size **without** any weight loss, please contact the heart failure nurse above.

Heart Failure office number: 01865 904808

Team email address: communityheartfailureteam@oxfordhealth.nhs.uk