**Patient Evaluation**
- Symptoms and signs
- Vitals

**Using the Paramedic Home Visit CHF Data Collection Form note:** BP, pulse, resp, weight, rales, dyspnea, diaphoresis, anxiety, jugular vein distension, cyanosis, or dependent edema

**Compare to previous patient records**

**Worse**
- Severe

**Worse**
- Minor

**No change or improved**

**Schedule follow up visit as advised by referring physician**

*Note: Worsening CHF and the level of severity are indicated by those responses marked with asterisks on the Paramedic Home Visit CHF Data Collection Form – Appendix B*