

Heart Failure Patient Care Flow Sheet

Draft

	Birthdate
	PHN
	Date of Diagnosis

Review Items

REVIEW EVERY CLINIC VISIT	Signs and Symptoms	Symptoms									
		<input type="checkbox"/> Activity level*									
		<input type="checkbox"/> Fatigue									
		<input type="checkbox"/> Exertional dyspnea									
		<input type="checkbox"/> Angina									
		<input type="checkbox"/> Orthopnea									
		<input type="checkbox"/> # of pillows									
		<input type="checkbox"/> PND									
		<input type="checkbox"/> Palpitations									
		<input type="checkbox"/> Syncope/presyncope									
		<input type="checkbox"/> Appetite changes									
		<input type="checkbox"/> Cough									
		Signs									
		<input type="checkbox"/> BP/HR									
		<input type="checkbox"/> Weight*									
		<input type="checkbox"/> JVP									
		<input type="checkbox"/> +/-HJR									
		<input type="checkbox"/> Edema									
<input type="checkbox"/> S ₂ /S ₄											
<input type="checkbox"/> Chest											
<input type="checkbox"/> Murmur											
<input type="checkbox"/> Apical Impulse											
<input type="checkbox"/> NYHA Class*											
REVIEW AS INDICATED	Medications	Required (to target dose)									
		ACEi									
		ARB (if intolerant)									
		β-Blocker									
		ARB (if intolerant)									
		As required*									
		Loop Diuretic									
		Spironolactone									
		ASA 81 mg od									
		Antihyperlipidemic									
Other											
Labs*	Serum Creatinine										
	MDRD-GFR										
	Serum electrolytes										
Test	Echocardiogram (EF%)										
	ECG / CxR / Other										
REVIEW EVERY 3 MONTHS TO ANNUALLY	Self Mgt / Referrals	<input type="checkbox"/> Review causes of heart failure <input type="checkbox"/> Review diagnostic tests <input type="checkbox"/> Review signs & symptoms of HF* <input type="checkbox"/> Monitor self-weighing* <input type="checkbox"/> 2-3 gram salt restriction diet* <input type="checkbox"/> Fluid restriction of 1-2 litres* <input type="checkbox"/> Activity guidelines* <input type="checkbox"/> Medications* <input type="checkbox"/> Sexual dysfunction	<input type="checkbox"/> Optimal diabetes control (HgA1C <7%) <input type="checkbox"/> Optimal BP control (<130/80) <input type="checkbox"/> Optimal lipid management (LDL <2.5mmol/L) <input type="checkbox"/> Alcohol limit / cessation <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Mental health <ul style="list-style-type: none"> <input type="checkbox"/> anxiety <input type="checkbox"/> depression <input type="checkbox"/> economic / financial 	<input type="checkbox"/> Pneumococcal (once lifetime): _____ <input type="checkbox"/> Influenza vaccine (yearly) Interdisciplinary (Referral) Specialist: _____ Specialty clinic: _____ Speciality service: _____ _____ _____ Home Care: _____							

*Refer to reverse for more information

Script for Counseling re: Na Restricted Diet
 Salt is like a sponge; it keeps extra fluid in your body. Your heart has to work harder to pump this extra fluid. A salt restriction of 2-3 grams daily is strongly encouraged (1 tsp = 2.4 g or 2400 mg of sodium). Watch for high sodium foods.
Recommendations:

- Do not use salt when cooking
- Remove the salt shaker from the table
- To season food, use herbs and spices instead of salt
- Look for the words salt, sodium, Na, NaCl. If these words are listed in the first five ingredients, it means there is a lot of salt in the product

Stay away lunch meats, cheese, canned foods like soups and tomatoes, bacon, salted nuts, crackers, and party snacks, barbeque sauce, packaged salad dressings, ketchup and soy sauce, convenience foods like frozen dinners and pickles

Script for Counseling re: Activity Guidelines
Goal: 150 minutes per week
Start: 5-10 minutes for 1-2 weeks (week 1-2) 15-20 minutes for 1-2 weeks (week 5-6)
 10-15 minutes for 1-2 weeks (week 3-4) 20-30 minutes for 1-2 weeks (week 7-8)

- Start slowly, progress gradually • Walk in familiar areas or with a friend
- If unusually tired or ill do not exercise • Remember to use the 'talk test' to pace yourself
- Build a rest period into your day. • Plan ahead. • Set priorities
- Doesn't need to be hard or continuous to be beneficial. • Be active
- Do activity before or 90 minutes after meals • May do 15 minutes in am and 15 minutes in pm

Weight Monitoring
 Report weight gains of 2lbs or more overnight or 5lbs or more in one week. Reinforce importance of daily weights. 1 liter of fluid=2 lbs of weight gain.

NYHA Class
 New York Heart Association (NYHA) Classification is used to establish the class or severity of heart failure.

Class	Severity
Class I:	No symptoms
Class II:	Symptoms with ordinary activity (walking 2 or more blocks)
Class III:	Symptoms with less than ordinary activity (ADL's)
Class IV:	Symptoms at rest

Symptoms & Signs

Symptoms (Subjective)	Signs (Objective)
Dyspnea/exertional dyspnea	Abnormal blood pressure
Fatigue	Abnormal heart rate/rhythm
Limited exercise tolerance	↑ JVP (Jugular venous pressure) >3 cm
Abdominal bloating	Edema / Fluid retention
Cough (Hemoptysis)	Rales
Palpitations	⊕ S ₃
PND (Paroxysmal nocturnal dyspnea)	Murmur
Orthopnea	⊕ H.I.R

MEDICATIONS

Medication	Contraindications	Target Population	Initiation / Titration / Target	Monitor																											
Recommended medications to target dosage																															
ACEi	<ul style="list-style-type: none"> H₂ of angioedema Bilateral renal artery stenosis 	<ul style="list-style-type: none"> All NYHA class I-IV 	<ul style="list-style-type: none"> Start low dose and titrate to target dose. Increase by 50-100% every 2-4 weeks <table border="1"> <thead> <tr> <th>Drug</th> <th>Starting dose</th> <th>Target dose</th> </tr> </thead> <tbody> <tr> <td>Ramipril</td> <td>1.25 mg bid</td> <td>5 mg bid</td> </tr> <tr> <td>Enalapril</td> <td>2.5 mg bid</td> <td>10 mg bid</td> </tr> <tr> <td>Captopril</td> <td>6.25 mg tid</td> <td>25-50 mg tid</td> </tr> <tr> <td>Lisinopril</td> <td>2.5 mg od</td> <td>20-40 mg od</td> </tr> <tr> <td>Cilazapril</td> <td>0.5 mg od</td> <td>1-2.5 mg od</td> </tr> <tr> <td>Fosinopril</td> <td>10 mg od</td> <td>40 mg od</td> </tr> <tr> <td>Quinapril</td> <td>5 mg od</td> <td>40 mg od</td> </tr> <tr> <td>Perindopril</td> <td>2 mg od</td> <td>4 mg od</td> </tr> </tbody> </table>	Drug	Starting dose	Target dose	Ramipril	1.25 mg bid	5 mg bid	Enalapril	2.5 mg bid	10 mg bid	Captopril	6.25 mg tid	25-50 mg tid	Lisinopril	2.5 mg od	20-40 mg od	Cilazapril	0.5 mg od	1-2.5 mg od	Fosinopril	10 mg od	40 mg od	Quinapril	5 mg od	40 mg od	Perindopril	2 mg od	4 mg od	<ul style="list-style-type: none"> Baseline SrCr & lytes SrCr & lytes 1-2 weeks pc each dose increment then q 3-6 months Symptomatic BP <85 mmHg systolic Cough
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β-Blocker	<ul style="list-style-type: none"> TRUE asthma as documented on PFT's 	<ul style="list-style-type: none"> Stable NYHA Class I-IV 	<ul style="list-style-type: none"> Start low dose and titrate to target dose: GO SLOW Euvolemic before starting Increase by 50-100% every 2-4 weeks Patient may initially deteriorate, be persistent. <table border="1"> <thead> <tr> <th>Drug</th> <th>Starting dose</th> <th>Target dose</th> </tr> </thead> <tbody> <tr> <td>Carvedilol</td> <td>3.125 mg bid</td> <td>25 mg bid</td> </tr> <tr> <td>Metoprolol</td> <td>12.5 mg bid</td> <td>100 mg bid</td> </tr> <tr> <td>Bisoprolol</td> <td>1.25 mg od</td> <td>10 mg od</td> </tr> </tbody> </table>	Drug	Starting dose	Target dose	Carvedilol	3.125 mg bid	25 mg bid	Metoprolol	12.5 mg bid	100 mg bid	Bisoprolol	1.25 mg od	10 mg od	<ul style="list-style-type: none"> Baseline SrCr & lytes SrCr & lytes 1-2 weeks pc each dose increment then q 3-6 months HR <60 bts/min or 2° to 3° heart block Signs and symptoms of heart failure Excessive fatigue STOP if severe depression 															
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ARB	<ul style="list-style-type: none"> Be cautious with H₂ of ACEi induced angioedema 	<ul style="list-style-type: none"> ACEi and/or ARB intolerant NYHA Class I-IV 	<ul style="list-style-type: none"> Start low dose and titrate to target dose. Increase by 50-100% every 2-4 weeks <table border="1"> <thead> <tr> <th>Drug</th> <th>Starting dose</th> <th>Target dose</th> </tr> </thead> <tbody> <tr> <td>Candesartan</td> <td>4 mg od</td> <td>32 mg od</td> </tr> <tr> <td>Irbesartan</td> <td>75 mg od</td> <td>300 mg od</td> </tr> <tr> <td>Losartan</td> <td>25 mg od</td> <td>100 mg od</td> </tr> <tr> <td>Telmisartan</td> <td>40 mg od</td> <td>80 mg od</td> </tr> <tr> <td>Valsartan</td> <td>80 mg od</td> <td>320 mg od</td> </tr> </tbody> </table>	Drug	Starting dose	Target dose	Candesartan	4 mg od	32 mg od	Irbesartan	75 mg od	300 mg od	Losartan	25 mg od	100 mg od	Telmisartan	40 mg od	80 mg od	Valsartan	80 mg od	320 mg od	<ul style="list-style-type: none"> Baseline SrCr & lytes SrCr & lytes 1-2 weeks pc each dose increment then q 3-6 months Symptomatic BP <85 mmHg systolic 									
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As required medications																															
ASA	<ul style="list-style-type: none"> Bleeding disorders 	<ul style="list-style-type: none"> NYHA Class I-IV only CAD with IHD 	<ul style="list-style-type: none"> Start and maintain 81 mg od only 325 mg not recommended 																												
Loop Diuretic		<ul style="list-style-type: none"> NYHA Class II-IV for symptom relief with fluid overload 	<ul style="list-style-type: none"> Aim for minimum dose to control fluid overload 	<ul style="list-style-type: none"> SrCr & lytes during titration then q 3-6 mos Daily weights 																											
Spirolactone	<ul style="list-style-type: none"> NYHA Class I-II 	<ul style="list-style-type: none"> NYHA Class III-IV 	<ul style="list-style-type: none"> Initiate at 12.5 mg od and aim for target of 25mg od 	<ul style="list-style-type: none"> Baseline SrCr & lytes SrCr & lytes one week following initiation then every 2 weeks x 2 months, then every 3-6 months Gynecomastia 																											
Contraindicated																															
CCB's: Non-dihydropyridine (Cardizem, Verapamil): Can cause serious adverse cardiovascular reactions related to negative inotropic effect																															
NSAID's (Indocin, Ibuprofen, Motrin, Celebrex): Causes severe fluid retention and blocks both the favorable effects and enhances the adverse of ACEi's																															
Use cautiously																															
TZD's (Avandia, Actos): Causes sodium and fluid retention and exacerbates heart failure																															