

**Guidelines for the Management of Symptomatic Heart Failure - Left Ventricular Systolic Dysfunction
Northeast Ohio: Columbiana, Mahoning & Trumbull Counties**

Key Components	Recommendation	Frequency
Initial evaluation	<ul style="list-style-type: none"> • Lab tests and other studies include: Blood glucose, BUN, chest x-ray, EKG, 2-D echo or MUGA scan, CBC, calculated GFR, lipids, liver function, serum creatinine, serum electrolytes (including calcium, magnesium), TSH and urinalysis • Consider testing to rule out structural heart disease, other potential sources, underlying disease • Assess for ischemia and coronary artery disease • Evaluate for treatable or reversible causes of CHF 	At initial visit or diagnosis and unexplained exacerbations
Pharmacological Management	<p><u>Drugs recommended for routine use:</u></p> <ul style="list-style-type: none"> • ACE inhibitors, appropriate for CHF, in all patients, unless contraindicated ¹ • Beta-blockers, appropriate for CHF, in all stable patients, unless contraindicated ² • Digitalis should be considered if not controlled on other medications and not contraindicated ³ • Diuretics for evidence of fluid retention <p><u>Drugs recommended for use in select patients:</u></p> <ul style="list-style-type: none"> • Spironolactone for recent or current class IV symptoms, preserved renal function and normal potassium concentration • Appropriate ACE inhibitor, ARB or beta-blocker use • Hydralazine and nitrate combination in patients being treated with digitalis, diuretics, and a beta-blocker, and cannot be given an ACE inhibitor • Anticoagulants for atrial fibrillation, severely reduced ejection fraction, previous embolus, or intracardiac thrombus • Statins and other anti-lipid agents • Aspirin 	Assess and titrate as appropriate at each visit
Referrals to specialist(s)	Refer to specialists, as appropriate, e.g., refer to cardiologist if recurring inpatient/emergency room care or identification of potential reversible cause(s). Refer to nephrologist for high serum creatinine or low calculated GFR. Also refer as requested by patient.	As indicated
Education, counseling and risk factor modification	<p><u>Educate patient/family regarding:</u></p> <ul style="list-style-type: none"> • Daily self-monitoring of weight and adherence to recommended patient action plan • Recognition of symptoms and when to seek medical attention • Assess for medication side effects and remind to take meds as ordered • Moderate fluid (1500 - 2000 cc/day) and dietary sodium restrictions (e.g., 2000 - 2500 mg sodium/day), if appropriate • Regular exercise (activity prescription) • Avoid excess alcohol, illicit drugs, NSAID/COX 2, and other meds known to be contraindicated or to exacerbate HF • Smoking cessation and other educational programs and support groups • Lifestyle and quality of life issues, e.g., work, home care, sexual activity & end-of-life including advance directives • Vaccination against influenza and pneumococcal disease 	Initial visit or diagnosis and ongoing

1. Absolute or relative contraindications may include: life-threatening adverse reactions (angioedema or anuric renal failure), pregnancy, hypotensive patients at immediate risk of cardiogenic shock, systolic blood pressure < 80 mm Hg, serum creatinine > 3 mg/dL, GFR < 30 cc/min, bilateral renal artery stenosis or stenosis to single kidney, or serum potassium > 5.5 mmol/L.
2. Absolute or relative contraindications may include: patients with current or recent fluid retention history, reactive airway disease, symptomatic bradycardia or advanced heart block (unless treated with a pacemaker), or recent treatment with an intravenous positive inotropic agent.
3. Absolute or relative contraindications may include: significant sinus or atrioventricular block (unless the block has been treated with a permanent pacemaker).

The guidelines represent care for typical CHF patients and do not replace professional judgment, nor should they be construed as treatment protocols. Individual considerations and medical advances may supersede or modify these recommendations. It should be noted that all recommendations may not be covered benefits for all patients. They are based on the 3/12/02 American College of Cardiology/American Heart Association Guidelines for the Evaluation and Management of Chronic Heart Failure in the Adult (www.acc.org) and will be updated, as appropriate .

(7/10/03)

Symptomatic Heart Failure
(Left-Ventricular Systolic Dysfunction)



Central Ohio Medical
Directors Coalition

Medical Record #: _____

Patient's Name: _____

Date of Birth: _____

Date of Dx: _____

Indicator/Target	Frequency	Date	Date	Date	Date	Date
History and physical for cause of CHF	Initial visit/diagnosis and unexplained exacerbations					
Presenting symptoms	Each visit					
Blood pressure	Each visit					
Weight	Each visit					
Laboratory tests: <ul style="list-style-type: none"> • Blood glucose • CBC • BUN • Calculated GFR • Lipids • Serum creatinine • Serum electrolytes (including Ca, Mg)CBC • TSH • Urinalysis 	Annually or as indicated					
Other studies: <ul style="list-style-type: none"> • Chest x-ray • EKG • 2-D Echo or MUGA 	Annually or as indicated					
Complete CHF action plan with patient/caregiver; initiate/review weight log & activity prescription	Initial visit & ongoing					
CHF Meds, e.g., ACE inhibitor, Anticoagulants, ARBs, Beta-blocker, Digitalis, Diuretic, Hydralazine/Nitrate combination, Spironolactone and Statins unless contra-indicated (Name/Dose)	Initiate as needed, titrate, monitor results, manage side effects					
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Contraindications:

ACE-I: Yes Reason: _____

Beta-blocker: Yes Reason: _____

Education - Self Management	Frequency	Date	Date	Date	Date	Date
Recognition of symptoms and when to seek medical attention	Each visit					
Daily self-monitoring of weight & adherence to action plan	Each visit					
Assess for medication side effects and remind to take meds as ordered	Each visit					
Weight reduction & fluid/dietary restrictions medically indicated	Each visit					
Regular exercise. Document activity prescription	Each visit					
Educate re: excessive alcohol intake, illicit drug use, and NSAIDs/COX2	Each visit					
Smoking cessation (methods used, e.g., patches or hypnosis)	Each visit					
Educational programs and support groups - List program	Each visit					
Immunization: <ul style="list-style-type: none"> • Influenza • Pneumococcal disease • Annual • Once/Lifetime* 						
Lifestyle and quality of life issues, e.g., work, home care, sexual activity & end-of-life including advance directives	Each visit					

*One-time revaccination for >64 years old, nephrotic syndrome, chronic renal disease and other immuno-compromised states if vaccinated >5 years ago