KCQIC Guidelines for Management of Heart Failure

The following guidelines apply to management of patients in the ambulatory setting and before their first inpatient admission.

Population	Physician / Patient	Recommendation	Frequency
Adult patients with a diagnosis of HF	Initial diagnostic steps: confirm systolic dysfunction and exclude treatable causes	▪ ECHO or Nuclear study [1] ▪ EKG ▪ Exclude and if found, manage: ischemic heart, rhythm (e.g. fibrillation), lung, hypoxic (e.g. sleep apnea), thyroid, metabolic, hemoglobin, blood pressure disorders	At initial visit or diagnosis, unexplained exacerbations
	Initial physician management steps	▪ Angiotensin converting enzyme inhibitor (ACE) for systolic dysfunction, if patient does not tolerate ACE then hydralazine/nitrate or angiotensin receptor blocker (ARB) ▪ Beta Blocker (drugs approved for HF) – stable class II/III, consider for class IV ▪ Diuretic – if fluid retention ▪ Influenza and Pneumococcal vaccinations	Initiate as needed, titrate, monitor results and manage side effects
	Physician adjustments	▪ Titrate medications to optimal doses [2] ▪ Manage side effects before terminate meds, some side effects decrease with time (e.g. drop in blood pressure and cough), attempt titration of medication [3] ▪ Digitalis – if still not controlled on above meds ▪ Start oral anticoagulants for atrial fibrillation ▪ Assess need to monitor new rhythm disturbances ▪ Repeat assessments of metabolic parameters ▪ Spironolactone for advanced or severe disease (class III, IV) ▪ Consider specialty referral: not able to perform drug titration, TX does not stabilize patient	Ongoing and worsening symptoms
	Patient education	▪ Role in health status maintenance – smoking, alcohol, activity prescription ▪ Developing tolerance for minor side effects of medications ▪ Diet – fluid, salt management ▪ Establish baseline dry weight and monitoring plan ▪ Identify triggers of exacerbation	Initial and ongoing
	Patient self monitoring	▪ Follow weight (daily with increasing symptoms, know when to call physician, consider diuretic self management plan) ▪ Prevent triggers of exacerbation	With increasing symptoms

1. Diagnosis and definition of ventricular dysfunction and assess ejection fraction
2. Strive to reach target doses - e.g. patients do better with beta blockers at higher doses
3. Document drug intolerance

Avoid the use of calcium blockers and anti-arrhythmic unless specifically indicated
Diuretics and digitalis decrease symptoms but have not been established for increased survival

Source: Consensus Panel, J. Cardiac Failure 1999
Am J Cardiol 1999; Jan 21: 83(2A):1A-38A
Arch Intern Med 2001 Feb 12;161(3):342-52

More detailed background and references available upon request

This guideline represents steps to be taken for most common HF presentation. Individual patient considerations and advances in medical science may supercede or modify these recommendations – especially for complicated, severe HF or racial background.