

Ascension Via Christi

Adult Heart Failure Care Path

(≥ 18 years old)

Screening and Diagnosis

Congestive heart failure is a clinical diagnosis. Signs and symptoms may include: shortness of breath, paroxysmal nocturnal dyspnea, orthopnea, signs of volume overload (edema, abdominal distension, weight gain). Echocardiogram should be performed to assess congestive heart failure with preserved or reduced systolic function.

Classification: (1) Heart failure with reduced ejection fraction (HFrEF): EF less than or equal to 40% (2) Heart failure with preserved EF (HFpEF): EF is greater than or equal to 50% (3) Heart failure with mid-range EF (HFmrEF) 40 to 49%

Stages of Heart Failure Heart Failure At Risk for Heart Failure Stage A Stage C Stage B At high risk for HF but Structural heart disease Stage D Structural heart disease, without structural heart with prior or current Refractory HF but without signs and disease or symptoms of symptoms symptoms of HF Patients with: Patients with: Patients with: Atherosclerotic Previous MI Patients with Previous MI disease LV Remodeling LV Remodeling Previous MI DM Specialist Consult Appropriate including LVH and low including LVH and low LV remodeling Obesity including LVH and low Metabolic syndrome Asymptomatic Asymptomatic valvular disease valvular disease Asymptomatic **Patients** valvular disease Using cardio toxins With family history of cardiomyopathy **HFpEF HFrEF** Therapy **Therapy Therapy** Goals Goals **Therapy** Control symptoms Control symptoms Control symptoms Goals **Therapy** Improve HRQOL Improve HRQQI Patient education Prevent HF symptoms Goals Encourage outpatient **Encourage outpatient** Reduce hospital re-Prevent further Heart Healthy lifestyle admissions management management cardiac remodeling Prevent vascular, Prevent mortality Prevent mortality Establish patient's Discuss advanced coronary disease **Strategies Drugs for routine use** end-of-life goals Referral for care planning Prevent LV structural Identification of Diuretics for fluid Options abnormalities comorbidities retention Advanced care ACEI or ARB **Treatment** measures ACEI or ARB in Heart transplant Diuresis to relieve Beta-blockers appropriate patients Aldosterone Chronic inotropes symptoms of **Drugs** for vascular disease antagonists Temporary or congestion ACEI or ARB in or DM Follow guideline Drugs for use in appropriate patients Beta-blockers as driven indication for Experimental surgery selected patients for vascular disease comorbidities Hvdralazine/ appropriate or DM isosorbide dinitrate Support care with In selected patients Statins as appropriate ACEI and ARB regards to goals of ICD Digitalis Revascularization or ICD deactivation In select patients valvular surgery as Hospice care CRT appropriate Revascularization or valvular surgery as appropriate

Please note: The Via Christi Health Alliance in Accountable Care, Inc. (the "ACO") in consultation with its affiliated ACO providers developed these care pathways and guidelines based on the most recent evidenced based medicine data. The ACO is continually researching and updating its care pathways and guidelines to reflect the most recent evidence based standards. This information is intended to provide health professionals with information to improve the quality of care and ultimately lower the cost of such care to the patients they serve. By providing this evidence based information, it is not the intention of the ACO to provide specific medical advice for particular patients. Rather we urge each provider to review this material when consulting and evaluating the treatment options suitable for their patients. The ACO affiliated providers are solely responsible for confirming the accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic or prescription decisions.

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Diagnostic Tests

- ➤ Labs: Complete Blood Count, Urinalysis, complete metabolic panel, lipid profile, thyroid stimulating hormone, B-type Natriuretic Peptide, Iron Level
- ➤ EKG
- Chest X-ray
- Echocardiogram

Reassessment

Every 1-2 weeks after initial diagnosis if symptomatic, If on diuretic, angiotensin-converting enzyme (ACE) inhibitors, angiotensin II receptor blockers (ARBs), or Spironolactone, basic metabolic profile (BMP) should be performed every 1-2 weeks until stable. Follow up every 6-12 months if clinically stable.

Patient Engagement

- Offer heart failure education annually utilizing a team based approach. (e.g. Nurse, Pharm D, etc.)
- Offer reconciled medication list
- Daily weight monitoring with communication to treating physician
- Offer dietician support
- Encourage regular physical activity

Specialist Consult

When to Refer:

- Stage C
- Symptomatic heart failure with reduced EF to assess etiology
- ➤ EF < 35%
- Left bundle branch block
- History of coronary artery disease / myocardial infarction
- History of syncope
- Atrial fibrillation
- Valvular pathology

Evaluation to Consider:

- Ischemic workup
- Screening (if appropriate) for hemochromotosis, HIV, rheumatologic conditions, amyloidosis, pheochromocytoma

References:

- 1. American College of Cardiology Foundation Heart Failure Guidelines/GuidelineCentral.com.2013.
- 2. UpToDate.com/Heart Failure. (Document referred.) Date accessed 11/6/2014.

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^{*}Measured care path metrics