

SUMMARY OF GUIDELINE

Heart Failure Care

For full Guideline please go to website: <http://www.bcguidelines.ca>

Diagnosis

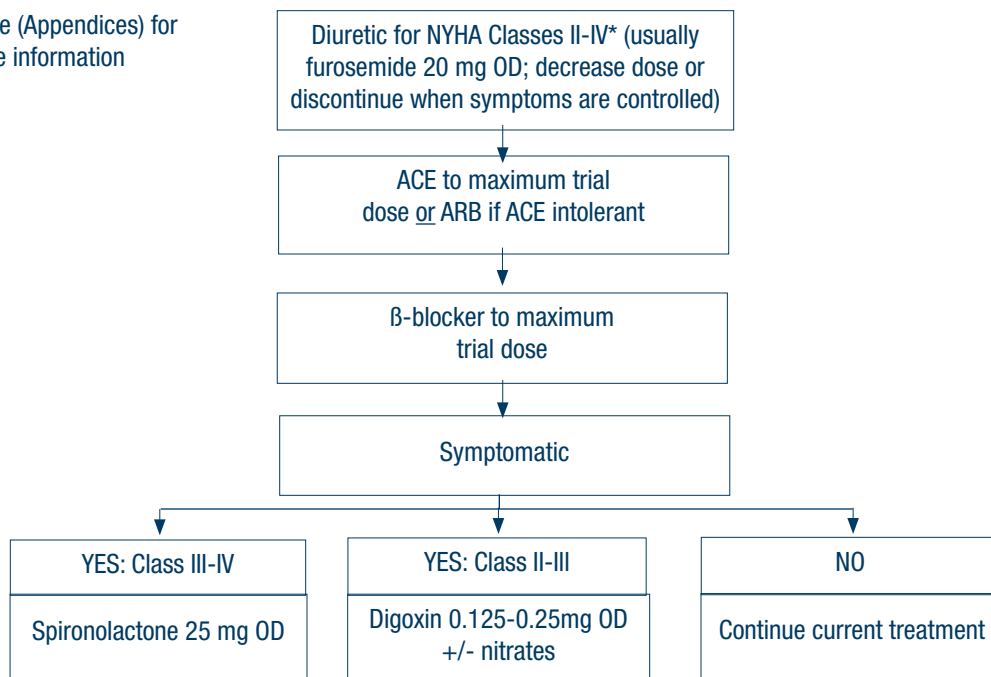
- Distinguish systolic (more fully researched treatment; poorer prognosis) and diastolic heart failure.
- For systolic, ejection fraction (EF) \leq 40%; for diastolic, EF $>$ 40%.
- Both types display heart failure signs and symptoms (fatigue, fluid retention, dyspnea).

Evaluation (beyond thorough history and physical examination)

- Assess volume status.
- Assess vascular risk factors and comorbid conditions.
- Lab: Bloodwork (CBC, serum albumin, AST, BUN, creatinine/eGFR, electrolytes, FBS, TSH); urinalysis; ECG.
- Imaging: CXR; 2D Doppler echocardiography (less desirable is radionuclide ventriculography).

Drug Therapy

Refer to full Guideline (Appendices) for detailed drug dosage information



Therapy for Underlying/Contributing causes

- Hypertension
- Ischemic heart disease
- Atrial fibrillation
- Hypertrophic cardiomyopathy (consider referral)

Follow-up

- Patient self-management is important (e.g., goal setting, salt restriction, weight monitoring, rehab).
- Immunize for influenza and Pneumococcus.
- Monitor electrolytes, BUN and creatinine/eGFR if condition or medications change and at least q6months.
- Monitor digoxin levels only if there are concerns about toxicity or compliance.
- End-of-life care is important at that stage.

*The New York Heart Association (NYHA) classification of heart failure.

Class	Severity
Class I	No symptoms
Class II	Symptoms with ordinary activity
Class III	Symptoms with less than ordinary activity
Class IV	Symptoms at rest