Disease Management: Congestive Heart Failure

Maintain treatment goals:

• Nutrition
  Meet with dietitian for low-sodium consult; recommend <1500-2000 mg sodium per day (per physician recommendation) and try to keep meals equal in sodium

• Exercise
  Review home exercises guidelines with patient; exercise within cardiac rehab recommendations (see listed references for more detailed exercise guidelines)

• Labs
  Make sure labs are current and review with patient: lipids, glucose, and metabolic panel
  Help arrange f/u if needed; make sure labs are current if medication/health status changes

• Blood Pressure
  Monitor each visit at rest and assess for appropriate exercise response

• Medications
  Check for diuretic, B-blocker, and ARB/ACE inhibitor prescription; provide education on compliance and medications; refer to pharmacist for medication management consult as necessary

• Alcohol and tobacco use
  Assess for use; refer for cessation assistance if needed

• Sleep
  Assess for sleep apnea/C-PAP compliance

• Weight
  Make sure patient checks weight and records daily; report to MD if increases 3 pounds in 1 day or 5 pounds in 1 week

• Signs/symptoms
  Provide education on CHF signs/symptoms and when to call MD/seek medical attention

• Appointment
  Make sure patient is scheduled to f/u with PCP or cardiologist within 1-2 weeks of newly diagnosed CHF

• Advanced care planning
  Provide resources for completing healthcare directive; make sure code status is up to date

• Home care
  Assess need for possible home care if you suspect patient would benefit from assistance; provide resources

• Fluid restrictions
  Assess whether specific fluid restriction has been advised by MD; instruct patient to “drink to thirst”

• Psychosocial
  Evaluate for depression and social support; provide referral if needed

Annual assessment of complications: (Should verify that patient is having these done yearly)

• Targeted annual history and physical exam
• Cardiovascular and cerebrovascular complication assessment
• Renal assessment
• Special considerations

Treatment and referral for complications: (Contact physician if problems arise that need attention)

• Cardiovascular and cerebrovascular disease
• Nephropathy
• Peripheral vascular disease
• Weight gain, congestion, increased dyspnea
• Lower extremity edema, wounds, weeping, cellulitis

Treatment goals not met:

• Consider referral to specialist (cardiology, nephrology)
• Assess patient adherence (biggest problems are understanding and adherence)
• Re-evaluate for depression
• Re-address specific treatment goals that are not being met


