Encounter Roadmap

Every Encounter follow up on medication therapy, adherence, goals, labs/vitals, etc.

Encounter 1
- Perform medication reconciliation
- Assess patient adherence
- Discuss current status and patient goals

Encounter 2
- Discuss weight management
- Assess diuretic therapy
- Enroll in medication synchronization

Encounter 3
- Discuss lifestyle changes
- Nutrition counseling

Encounter 4
- Overall heart health

Heart Failure Stages and Treatment Guidelines

STAGE A
- Treat comorbidities:
  - Hyperlipidemia
  - Hypertension
  - Diabetes
  - Obesity
  - Substance abuse
  - Tobacco use

STAGE B
- Treatments:
  - ACE-I or ARB (HFrEF)
  - Beta Blocker (HFrEF)
  - Statin (History of MI or ACS)

STAGE C
- HFpEF
  - Diuretics
  - Manage comorbidities
- Treatments:
  - ACE-I or ARB or ARNI*
  - Carvedilol or Metoprolol Succinate or Bisoprolol*
  - Spironolactone*
  - Diuretics
  - Hydralazine + Isosorbide Dinitrate (African Americans)
  - Digoxin (select patients)
  - Ivabradine (select patients)
* ↓ Mortality

STAGE D
- Fluid restriction to < 2 L/day
- Specialized treatment
- Palliative therapy

2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure
# Congestive Heart Failure Roadmap

## Important Documentation for Each Encounter

**Overview**

**Encounter Reason**
- Heart failure medication review
- Heart failure education

**Patient**
- Medical History (Descriptions/ICD-10)
- Heart failure
- Chronic ischemic heart disease
- Hypertensive heart disease

**Medications**
- Add or import medications relevant to CHF
- For list of medications see Heart Failure Stages and Treatment Guidelines Diagram

Add any Medication Therapy Problems (MTPs) for imported medications:
- Medication dose too high/low
- More effective medication therapy available
- Additional medication required
- Review Expanded Reference Guide for medications to avoid in patients with CHF

**Vitals/Labs**
- Weight
- Blood Pressure
- Pulse
- Respiratory Rate
- Cholesterol Panel

**Goals**
- Blood pressure
- Weight
- Heart failure education
- Medication education
- Medication compliance
- Hypertension education
- Decreased sodium diet
- Cardiac disease monitoring
- Physical activity

**Notes**

**Progress Notes**

Document patient’s clinical status:
- Shortness of breath upon exertion? At rest? When laying down?
- Feeling weak or fatigued? When do these symptoms appear and when/how fast do they resolve?
- Arrhythmias? Tachycardia? Palpitations? How often? What precipitates this?
- Edema, especially in the extremities or abdomen, or is urinating more frequently at night?
- Wheezing and/or coughing? Productive cough? When does the cough occur? What makes it better or worse?
- Does the patient have a pacemaker?

Refer patient to healthcare provider if they report:
- Chest pain
- Feeling severely fatigued or more fatigued than normal
- Feeling severely lightheaded or feeling like about to faint
- Coughing up mucus pink in color accompanied by sudden and severe shortness of breath

**Patient Action Plan**

- Summary of patient encounter and patient action items
## Heart Failure Staging & Classification

<table>
<thead>
<tr>
<th>ACCF/AHA Stage</th>
<th>NYHA Functional Class</th>
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<tbody>
<tr>
<td><strong>Stage A:</strong> High risk of heart failure, however no structural heart disease or signs and symptoms of heart failure present</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Stage B:</strong> Structural heart disease without signs or symptoms of heart failure</td>
<td><strong>Class I:</strong> Physical activity does not cause any dyspnea, fatigue, or palpitations</td>
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</tbody>
</table>
| **Stage C:** Structural heart disease with signs and symptoms of heart failure (past or current) | **Class II:** No symptoms at rest. Physical activity results in dyspnea, fatigue, or palpitations  
**Class III:** No symptoms at rest. Activities of daily living result in dyspnea, fatigue, or palpitations |
| **Stage D:** Advanced heart failure that requires specialized treatment | **Class IV:** Symptomatic at rest |

### Ejection Fraction (EF)

- **EF < 40%**
  - Systolic Heart Failure → Heart Failure with Reduced Ejection Fraction (HFrEF)
- **EF 40-65%**
  - Diastolic Heart Failure → Heart Failure with Preserved Ejection Fraction (HFpEF)

### Medications to avoid or use with caution in patients with heart failure:

<table>
<thead>
<tr>
<th>Class</th>
<th>Medications</th>
<th>Reasoning</th>
</tr>
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<tbody>
<tr>
<td><strong>NSAIDs</strong></td>
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  - Non-Selective: Ibuprofen, Naproxen, Diclofenac, Indomethacin, etc.  
  - COX-2 Selective: Celecoxib, etc. |  
  - Exacerbation of HF  
  - Increased mortality in patients with HF  
  - Risk of renal dysfunction and hyperkalemia  
  - Fluid retention |
| **Antidepressants** | Tricyclic Antidepressants                        | HF patients on TCAs need to be closely monitored for cardiovascular side effects |
| **Oral hypoglycemic agents** | Thiazolidinediones                              | TZDs may cause fluid retention, which may precipitate or worsen heart failure (BBW) |
| **Antiarhythmics**  | All (especially Ibutilide, Sotalol, Dofetilide)  |  
  - Inotropic activity can precipitate HF in patients with HFrEF.  
  - Amiodarone is the agent of choice in HF patients |
| **CCB**             | Non-DHP: Verapamil, Diltiazem                    |  
  - Avoid in HFrEF. May worsen heart failure due to reduced squeezing.  
  - Alternative: Amlodipine |