CONGESTIVE HEART FAILURE

CDU INCLUSION CRITERIA

- Diagnosis of acute heart failure supported by history, exam and clinical data.
- Hemodynamically stable
- Free of chest pain
- EKG normal, nonspecific ST-T changes, or abnormal with no changes from previous ECG
- TnT negative at initial determination
- Improvement with initial ED management with requirement for further interventions
- Potential to discharge in 24-48 hours
- Cardiologist agreement with disposition and need for Congestive Heart Failure Action Team (CHAT) involvement

CDU EXCLUSION CRITERIA

- New diagnosis of CHF
- Unstable vital signs
    - Heart rate >130
    - SBP<90 mmHg or>175 mmHg after treatment
    - O2 saturation <90% despite supplemental O2 by nasal cannula
- Unstable airway
- Need for continuous CPAP/BIPAP
- Evidence of acute cardiac ischemia
- Uncontrollable chest pain felt to be cardiac in nature
- Positive cardiac serum markers
- ECG with ischemic changes
- Cardiac arrhythmia requiring continuous IV interventions
- Complicating diagnosis that requires admission, including acute kidney injury
    - Chronic kidney disease is not an exclusion criteria to placement in the CDU; consider discussion with heart failure/cardiology consultant regarding appropriateness for CDU.
- Requiring IV titrated medication (i.e. heparin, nitroglycerin)
- Complicated social issues not likely to be addressed within 23hrs
- Considered intermediate or high risk (treat as inpatient)
- Acute altered mental status
- Unable to ambulate or not at baseline of ADLs
- Requires 1:1 nursing observation
- Severe systemic illness and/or comorbidities likely to complicate disposition decision

CDU INTERVENTIONS AS INDICATED

- **CHF Action Team (CHAT) consultation**
    - 7am-5pm Monday-Friday: Heart failure consult (in EPIC: "Inpatient consult to cardiology – heart failure)
        - From 12pm-5pm will likely receive advice by phone and team will see pt in the AM
    - 5pm-11pm M-F: cardiology consult for phone advice, place HF consult to have patient seen in AM
    - 11pm-7am consider initiating treatment and calling heart failure consult in the morning, or call cardiology for phone advice
    - Weekends: Heart failure consult is not available on the weekends. On Saturday and Sunday obtain cardiology consultation.
- Telemetry and pulse oximetry monitoring
- Supplemental oxygen as needed
- 2000ml fluid restriction, no-salt added diet
    - 1500mL fluid restriction if renal failure patient
- Strict input and output documentation
- Daily pt weight
    - Admit & discharge weights required
    - Pt must be weighed without clothes on the same scale throughout their stay
- Diuresis using inpatient furosemide algorithm and with recommendations from cardiology
    - Recommended IV diuretic dose is 2.5x usual home dose divided q 12h
        - Furosemide max SINGLE IV dose 200mg
        - Bumetanide max DAILY IV dose 10mg/day
    - Furosemide 40mg IV if not on diuretics
- Medication management in consultation with CHAT team
- Serial troponins with time zero as the initial set in ED if appropriate
- Echocardiography, unless clinical course consistent with previously documented echo and/or patient has had an echo within 1yr.
- Heart failure nurse education program
    - Available 9am-5pm Monday-Friday.
    - Pager 662-4800 #2474
    - Office 662-3228: can leave a message overnight to have patient seen in the morning
- Care management, dietary as indicated.
- Smoking cessation counseling as indicated

CDU DISPOSITION

Home

- Acceptable vital signs
- Negative serial cardiac biomarkers
- No new clinically significant arrhythmia
- Stable electrolyte profile

- Symptoms resolved or stable symptoms adequately addressed
- Unremarkable stress test if performed
- Heart failure nurse education program completed
- Consultant agreement
- Adequate follow-up plan established
- Referral for home visit by Dr. Anderson if appropriate
- Discharge medications
    - As per cardiology and CHAT team

Admit or transfer to inpatient observation

- Unstable vital signs
- Symptoms not improved or worsening condition
- Unsuccessful diuresis
- Positive cardiac biomarkers
- Positive or indeterminate provocative testing, if performed
- Inability to arrange safe discharge plan
- EP or consultant discretion
- Does not meet discharge criteria after 24-48 hours of treatment