CONGESTIVE HEART FAILURE (CHRONIC) REFERRAL GUIDELINE

For more information or referral questions, contact your local cardiology practice. For a complete listing, visit mainehealth.org/services/cardiovascular/service-locations

HIGH RISK
HEART FAILURE SPECIALIST CONSULT OR CO-MANAGEMENT REFER OR CO-MANAGE WITH HEART FAILURE CLINIC (CC-HF)

MODERATE RISK
SUGGESTED CONSULTATION OR CO-MANAGEMENT REFER OR CO-MANAGE WITH CARDIOLOGY (CC) OR HF CLINIC (CC-HF)

LOW RISK
SUGGESTED ROUTINE CARE

CLINICAL PRESENTATION
Intolerant to cardiac medications
Worsening cardiac function
≥ 2 ED visits or admissions in last year
Frequent calls to PCP/Cardiology office with signs/symptoms of exacerbation
Failure to diurese or maintain target weight
Worsening renal function
Progressive decline in sodium usu.<133
Recent escalation of Lasix equivalent >160/day and or metolazone
Unknown etiology of cardiac dysfunction
Evidence for restrictive or infiltrative heart disease
EF ≤ 30
Frequent sbp <90 mm hg & high HR

SUGGESTED PREVISIT WORKUP
Labs: CMP, BNP, LFT, TSH, CBC, Fe, Studies
EKG, Chest X-Ray
Consider referral to cardiology for R & L Heart Catheterization
Consider MRI
Daily weights
Sodium restriction 2500mg/day
Fluid intake restricted ≤ 2 L/day
Optimize Guideline Directed Medical Therapy
Advance Care Planning & Goals of Care Discussions

CLINICAL PEERLS
Echocardiographic assessment of heart structure and functioning is a fundamental step in the workup of dyspnea
Target Weight is essential: establish, teach, document and communicate. Go to MaineHealth.org/HF for tools.
Guidelines for diuretic management of CHF exacerbation call for aggressive increases for effective diuresis (more aggressive than current comfort level of many providers). To access these guidelines, supported by evidence - go to MaineHealth.org/HF

Bioavailability for Bumetanide & Torsemide is better (~80%) vs. oral Furosemide (~50%)- go to MaineHealth.org/HF
Cardiac rehab has demonstrated value in the management of CHF, improving patient self-management skills, reducing morbidity and improving QOL.
Diabetic regimen choices can affect cardiac outcomes
Avoid NSAIDS
Consider cardiac risk of chemotherapy regimen

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