**CLINICAL PRESENTATION**

- Intolerant to cardiac medications
- Difficulty with Fluid Retention
- AKI or CKD
- Abnormal cardiac structure and/or function (e.g., valve disease, systolic dysfunction)
- Unknown etiology of cardiac dysfunction
- Evidence for restrictive or infiltrative heart
- EF < 30

**SUGGESTED PREVISIT WORKUP**

- Labs: CMP, BNP, LFT, TSH, CBC, Fe Studies
- EKG, Chest X-Ray, Echocardiogram
- Optimized Guideline Directed Medical Therapy
- R & L Heart Catherization
- MRI
- Daily weights
- Sodium restriction 2500mg/day
- Fluid intake 1.5 – 2 L/day
- Advance Care Planning & Goals of Care Discussions

**CLINICAL PEARLS**

- Echocardiographic assessment of heart structure and functioning is a fundamental step in the workup of dyspnea
- Consider stress testing for evaluation of ischemic heart disease
- 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

**SUGGESTED RISK**

- NYHA > II
- Challenges adhering to care regimen
- Frequent exacerbations
- Moderate or greater aortic or mitral valve disease

**SUGGESTED WORKUP**

- Labs: CMP, BNP, LFT, TSH, CBC, Fe Studies
- EKG, Chest X-Ray, Echocardiogram
- Consider referral to cardiology for R & L Heart Catherization
- Consider MRI
- Work up other causes-EG COPD, OSA, obesity, ischemic heart disease
- Target Weight established, documented and taught to patient using teach-back
- Optimize Guideline Directed Medical Therapy
- Patient education using Healing Hearts guide and Teach-back
- Daily weights
- Sodium restriction 2500 mg/day
- Fluid intake restricted ≤ 2 L/day
- Advance Care Planning and Goals of Care Conversations
- Cardiac rehab referral for systolic heart failure

**SUGGESTED ROUTINE CARE**

- NYHA I-II
- No hospitalization or ED
- Target weight easily maintained
- Normal heart structure and systolic function, trace to mild valve disease, mild diastolic dysfunction
- Maintains normal sinus rhythm (NSR)

**SUGGESTED MANAGEMENT**

- Baseline labs: CMP, BNP, LFT, TSH, CBC
- EKG, Baseline Chest X-Ray, Stress Test, Echocardiogram
- Target Weight established, documented and taught to patient using teach-back
- Optimize Guideline Directed Medical Therapy
- Patient education w/ Healing Hearts booklet and Teach-back
- Daily weights
- Sodium restriction 2500mg/day
- Consider fluid intake restriction ≤ 2 L/day
- Advance Care Planning and Goals of Care Conversations

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.