CONSIDERATIONS:

1. Heart failure is the leading cause of Medicare patient hospital readmission in the United States, resulting in significant costs to Medicare. Healthcare leaders believe that many heart failure hospitalizations are preventable.
2. OASIS questions M1500 and M1510 specifically ask if home health clinicians have monitored their heart failure patients for early signs and symptoms of fluid overload and incorporated best practice interventions into patient care if they occurred.
3. To meet the needs of Heart Failure patients, clinicians need to identify them as being at risk for exacerbation of heart failure and monitor them for the signs and symptoms of fluid overload.
4. Symptoms of heart failure include:
    a. Increased shortness of breath (SOB), dyspnea on exertion (DOE), paroxysmal nocturnal dyspnea (PND), orthopnea
    b. Decreased appetite, increased fatigue, chest pain, palpitations
5. Signs of heart failure include:
    a. Increase in weight, peripheral edema, increased pulse, respirations, change in blood pressure
    b. Fine inspiratory crackles, jugular vein distension, S3 heart sound (gallop)
6. Best practice interventions for Heart Failure patients include:
    a. CHF Pathway should be initiated at start of care whenever possible, including evaluation for telemonitoring.
    b. Establishing specific parameters with the physician for weight gain (e.g., > 2 pounds/day or > 5 pounds/week)
    c. Teaching the patient self-management strategies to adhere with low sodium diet, medication regime, and exercise regime
    d. Teaching the patient strategies for symptom identification/management and lowering risk (cigarette cessation, acceptable alcohol intake, vaccination)

PROCEDURE:

1. Perform a cardio-respiratory assessment of all heart failure patients at every visit as appropriate to discipline:
    a. Ask patient about any changes in symptoms, including:
        i. Respiratory symptoms (SOB, DOE, PND, orthopnea). Use numeric rating scale (0-10) to quantify patient's dyspnea (BORG scale)
        ii. Decreased appetite or energy, or increase in fatigue
    b. Perform physical assessment of patient:
        i. Vital signs. Obtain initial orthostatic BP reading. Repeat at each visit if any dizziness, change in medications or if other reason to suspect orthostatic hypotension
        ii. Weight (See *Circulatory - Assessment: Weight*)
        iii. Cardiac auscultation (listen for apical pulse, gallop)
        iv. Pulmonary auscultation (listen for crackles that do not clear with cough)
        v. Peripheral edema (See *Circulatory, Assessment: Edema)*
2. Teach/check/monitor Daily Weight Chart.
3. Teach/monitor medication adherence, asking about any problems/concerns taking medications.
4. Teach/monitor adherence to low sodium diet.
5. Assess for patient barriers (depression, confusion, financial, social, etc.) that may impede teaching. Make appropriate referrals.
6. Alert physician to any signs/symptoms indicating fluid overload.

AFTER CARE:

1. Document in the patient's medical record:
    a. All symptoms patient reports
    b. All physical assessment findings
    c. All patient/caregiver teaching and response
2. Communicate with physician about:
    a. Parameters for weights, vital signs, etc.
    b. Any abnormal findings on assessment
    c. Orders to rescue patient from fluid overload

REFERENCE:

ACC/AHA (2009). Guidelines for the Diagnosis and Management of Heart Failure in Adults. Circulation, 119, 1977-2016.

Perry, A.G., Potter, P.A., & Elkin, M.K. (2012). Nursing Interventions and Clinical Skills. (5th Edition) Elsevier, Mosby.

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