

## Adult Heart Failure Care Path

(≥ 18 years old)

### Screening and Diagnosis

Congestive heart failure is a clinical diagnosis. Signs and symptoms may include: shortness of breath, paroxysmal nocturnal dyspnea, orthopnea, signs of volume overload (edema, abdominal distension, weight gain). Echocardiogram should be performed to assess congestive heart failure with preserved or reduced systolic function.

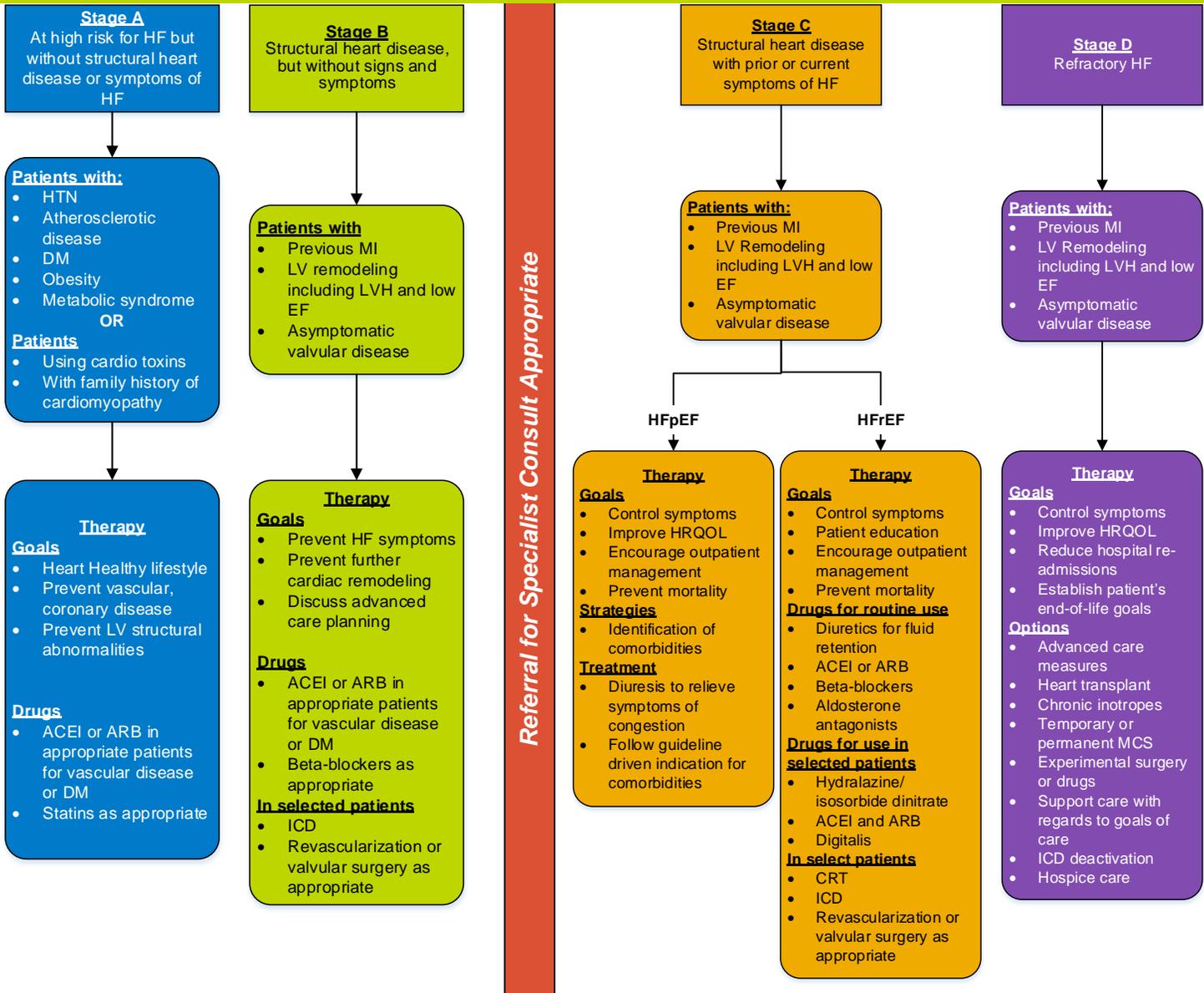
Classification: (1) Heart failure with reduced ejection fraction (HFrEF): EF less than or equal to 40% (2) Heart failure with preserved EF (HFpEF): EF is greater than or equal to 50% (3) Heart failure with mid-range EF (HFmrEF) 40 to 49%

### Stages of Heart Failure

#### At Risk for Heart Failure

#### Heart Failure

Referral for Specialist Consult Appropriate



Please note: The Via Christi Health Alliance in Accountable Care, Inc. (the "ACO") in consultation with its affiliated ACO providers developed these care pathways and guidelines based on the most recent evidenced based medicine data. The ACO is continually researching and updating its care pathways and guidelines to reflect the most recent evidence based standards. This information is intended to provide health professionals with information to improve the quality of care and ultimately lower the cost of such care to the patients they serve. By providing this evidence based information, it is not the intention of the ACO to provide specific medical advice for particular patients. Rather we urge each provider to review this material when consulting and evaluating the treatment options suitable for their patients. The ACO affiliated providers are solely responsible for confirming the accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic or prescription decisions.

### Diagnostic Tests

- Labs: Complete Blood Count, Urinalysis, complete metabolic panel, lipid profile, thyroid stimulating hormone, B-type Natriuretic Peptide, Iron Level
- EKG
- Chest X-ray
- Echocardiogram

### Reassessment

Every 1-2 weeks after initial diagnosis if symptomatic, If on diuretic, angiotensin-converting enzyme (ACE) inhibitors, angiotensin II receptor blockers (ARBs), or Spironolactone, basic metabolic profile (BMP) should be performed every 1-2 weeks until stable. Follow up every 6-12 months if clinically stable.

### Patient Engagement

- Offer heart failure education annually utilizing a team based approach. (e.g. Nurse, Pharm D, etc.)
- Offer reconciled medication list
- Daily weight monitoring with communication to treating physician
- Offer dietician support
- Encourage regular physical activity

### Specialist Consult

#### When to Refer:

- Stage C
- Symptomatic heart failure with reduced EF to assess etiology
- EF < 35%
- Left bundle branch block
- History of coronary artery disease / myocardial infarction
- History of syncope
- Atrial fibrillation
- Valvular pathology

#### Evaluation to Consider:

- Ischemic workup
- Screening (if appropriate) for hemochromatosis, HIV, rheumatologic conditions, amyloidosis, pheochromocytoma

\*Measured care path metrics

#### References:

1. American College of Cardiology Foundation Heart Failure Guidelines/GuidelineCentral.com.2013.
2. UpToDate.com/Heart Failure. (Document referred.) Date accessed 11/6/2014.