UNIVERSITY OF OTTAWA HEART INSTITUTE
INSTITUT DE CARDIOLOGIE DE L'UNIVERSITÉ D'OTTAWA

UNIVERSITY OF OTTAWA HEART INSTITUTE CLINICAL PATHWAY

Heart Failure Phased Pathway

Acute Phase (Requiring IV Diuretics)

Date Initiated: y m d y m d y m d

Critical Path

Tests
- Chest x-ray: PA/Lateral Portable
- ECG at admission , then prn
- Consider ECHO or MUGA
- Hgb, WBC, platelets, Na, K, creat, glucose at admission , then Mon., Wed., Fri.
- HbA1c on admission
- If patient is known to have diabetes or HbA1c is equal to or greater than 6.5% (0.065) then do Capillary Blood Glucose testing QID and initiate Medical Directive for the Management of Diabetes
- Fasting Lipid Profile within 24 hours of admission
- INR if on Coumadin on admission then as ordered
- Urine R&M
- MRSA swabs N/A
- VRE swabs N/A

Assessments/Treatments
- O_2 by Titration Protocol
- Weight QAM after first void and before breakfast
- Cardiac monitor per orders/protocol
- VS q4h while awake and prn
- Intake and output
- Best possible medication history (BPMH) completed on medication reconciliation form
- Assess patient and families understanding of Heart Failure
- Assess the risk of VTE daily and communicate any changes to the MD

Medications
- IV Diuretic—if patient not losing 1kg/day consider thiazide or an IV Lasix infusion
- Beta blocker (may be held or given at reduced rate until transition phase)
- ACE or ARB
- Spironolactone (if appropriate)
- Digoxin (if appropriate)
- Consider inotrope if evidence of symptomatic hypotension or hypotension associated with poor diuretic response

Consult
- Smoking cessation as required
- Registered Dietitian prn
- Social Work prn
- Pharmacist prn
- Physiotherapy prn
- Rehab referral
- Complete Heart Failure Supportive Care Screening

Patient Outcomes

During this phase the patient will verbalize if
- Feeling generally better
- Feeling less SOB
- Able to lie flat
- Less peripheral, abdominal edema

Objectively the patient will
- Be able to lie flat
- Have less edema
- Start mobilizing
- During the acute phase the patient should be losing 1 kg/day (1kg = neg 1 litre/day)
- Have stable Creatinine (creatinine should not be more than 25% over baseline)
- Have no complaints of symptomatic hypotension

© Charted comments
Initials required in blanks

Patient(e) _____ Chart No. – Nº du dossier _____

Acute Phase (Requiring IV Diuretics)

Date Initiated: y m d y m d y m d

Critical Path	Patient Outcomes
Mobility/Safety • If on bedrest, explain reason for: requesting help with ambulation; possible bedrails up and ring bell for help to the bathroom • Progress ambulation to being up in chair for meals, up to bathroom and ambulating in halls • Universal Fall Precautions	
Nutrition • Heart Healthy Diet • Diabetic Diet • Other: • Fluid restriction: 1.0 litres , 1.5 litres • Other :	**Nutrition Outcomes** • Improved appetite • Able to maintain record of fluid intake
Psycho-Social Support • Identify and address psychosocial concerns • Identify contact person • Assess patient's behavior re anxiety	
Patient Education • Teach patient about medications: ACE inhibitors, Beta Blockers, Diuretics • Teach about Heart Failure • Teach about reasons for thirst, weight monitoring, Na and fluid monitoring • Inform about Heart Failure Discharge class	**Education Outcomes-Patients will be able to verbalize understanding** • That the patient has Heart Failure • ACE inhibitors decrease the work of the heart and lower BP • Diuretics eliminate water and salt and decrease swelling • Beta Blockers decrease work of heart and lower BP and HR • Reasons for thirst, weight monitoring, Na and fluid monitoring • The need for a weigh scale at home
Discharge Planning • Discuss with patient and family the importance of daily weights and ask if they own a scale—if not, suggest they purchase one with large numbers or digital scale • Identify discharge concerns as per patient history • Identify/document family physician name on admission sheet and BPMH • Initiate GAP tool	
Problem List Day Night	

Patient(e) _____ Chart No. – Nº du dossier _____

Transition Phase
(Switched to PO diuretics, with less SOB, less edema, able to lie flat)

Date Initiated: y m d y m d y m d

Critical Path

Tests (if already done in acute phase do not repeat)
- Chest x-ray: PA/Lateral Portable
- ECG at admission , then prn
- Consider ECHO or MUGA
- Hgb, WBC, platelets, Na, K, glucose at admission , then Mon., Wed., Fri.
- HbA1c on admission
- If patient is known to have diabetes or HbA1c is equal to or greater than 6.5% (0.065) then do Capilllary Blood Glucose testing QID and initiate Medical Directive for the Management of Diabetes
- Fasting Lipid Profile within 24 hours of admission
- INR if on Coumadin on admission _____ then as ordered
- Urine R&M
- MRSA swabs _____ N/A
- VRE swabs _____ N/A

Assessments/Treatments
- O_2 by Titration Protocol
- Weight QAM after first void and before breakfast
- Cardiac monitor per orders/protocol
- VS q4h while awake and prn
- Intake
- Assess patient and families understanding of Heart Failure
- Assess the risk of VTE daily and communicate any changes to the MD

Medications
- Diuretic
- Beta blocker
- ACE or ARB
- Spironolactone (if appropriate)
- Digoxin (if appropriate)

Consult (if already done in acute phase do not repeat)
- Smoking cessation as required
- Social Work prn
- Registered Dietitian prn
- Pharmacist prn
- Physiotherapy prn
- Rehab referral
- Consult Cardiac Telehealth Virtual Care Nurse
- CCAC prn
- Complete Heart Failure Supportive Care Screening

Mobility/Safety
- Progress ambulation to being up in chair for meals, up to bathroom and ambulating in halls
- Universal Fall Precautions

Patient Outcomes

Patient will be started on oral diuretic

During this phase the patient will verbalize if
- Feeling generally better
- Feeling less SOB
- Able to lie flat
- Less peripheral, abdominal edema

Objectively the patient will
- Be able to lie flat
- Have less edema
- Be able to wean oxygen
- Be able to perform some ADL's independently
- Have improved exercise tolerance
- Have no complaints of symptomatic hypotension

Patient(e) _____ Chart No. – Nº du dossier _____

Transition Phase
(Switched to PO diuretics, with less SOB, less edema, able to lie flat)

Date Initiated: y m d y m d y m d

Critical Path	Patient Outcomes
Nutrition • Hearth Healthy Diet • Diabetic Diet • Other: • Fluid restriction: 1.0 litres , 1.5 litres • Other • Daily intake	**Nutrition Outcomes** • Improved appetite • Able to maintain record of fluid intake • Compliant with fluid restriction
Patient Education • Weight monitoring and self weigh chart • Ensure patient has weigh scale at home • Na/fluid restriction • Thirst and activity intolerance • Heart Failure medications • Inform about Heart Failure Discharge class • Teach signs of condition change and when to contact a physician • Review all videos and teaching materials with patient • Teach about Activity Guidelines • Identify/document family physician name on admission sheet and BPMH • Begin reviewing and populating GAP tool	**Education Outcomes—Patients will be able to verbalize understanding:** • That the patient has Heart Failure • ACE inhibitors decrease to work of the heart and lower BP • Diuretics eliminate water and salt and decrease swelling • Beta Blockers decrease work of heart and lower BP and HR • Reasons for thirst, weight monitoring, Na and fluid monitoring • Symptoms of worsening heart failure and when to contact physician • The need for a weigh scale at home
Discharge Planning • Plans for discharge should be finalized • Continue updating Heart Failure GAP tool • Patient and/or family to attend Heart Failure Discharge class	

Patient(e) _____ Chart No. – Nº du dossier _____

Discharge Phase
(Stable on PO diuretics and other medication, plan for discharge within a few days)

Date Initiated: y m d y m d y m d

Critical Path	Patient Outcomes
Tests • As ordered by physician	**During this phase the patient will** • Be stable on oral lasix • Have stable weight
Assessments/Treatments • Weight QAM after first void and before breakfast • VS QID and prn • Assess patient and family's understanding of Heart Failure	**Objectively the patient will** • Be able to lie flat • Have less edema • Mobilize safely as tolerated • Have a stable creatinine • Stable BP • Perform all ADL's independently or at baseline levels • Patient is able to maintain a record of fluid intake • Patient and family can verbalize reasons for medications
Medications • Diuretic • Beta blocker • ACE or ARB • Spironolactone (if appropriate) • Digoxin (if appropriate) • Patient and family should receive information regarding discharge medications	
Consult (if already done in another phase do not repeat) • Smoking cessation as required • Social Work prn • Registered Dietitian prn • Pharmacist prn • Physiotherapy prn • Rehab referral • Notify telehome monitoring of discharge dat (prior to discharge) • CCAC prn • Complete Heart Failure Supportive Care Screening	• Consults are complete as needed
Mobility/Safety • Reinforce safe mobility practices with patient and family • Plan in place for safe discharge	• Increase exercise tolerance • Patient and family able to demonstrate safe mobility practices if needed
Education • Reinforce weight monitoring and self weight chart • Reinforce Na/fluid restriction • Reinforce thirst and activity intolerance • Patient confirms she/he has a weigh scale at home • Has patient and/or family attended Heart Failure Discharge Class? Yes No – Have patient and/or family attend Heart Failure Discharge Class prior to discharge **OR** have them watch Heart Failure DVD at bedside **OR** inform them about Outpatient Heart Failure Class offered at Cardiac Rehabilitation.	• Patient and family able to discuss the importance of monitoring fluid and salt intake
Discharge Planning • Reinforce all discharge plans and discharge date with the family • Complete GAP tool with patient • Address any last minute concerns	

Patient(e) _____ Chart No. – Nº du dossier _____

Signature Sheet

Signature	Initial

Patient(e) _____ Chart No. – Nº du dossier _____

Signature Sheet

Signature	Initial