# Heart Failure Phased Pathway

## Acute Phase (Requiring IV Diuretics)

<table>
<thead>
<tr>
<th>Critical Path</th>
<th>Patient Outcomes</th>
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<tbody>
<tr>
<td>Date Initiated: y m d y m d y m d</td>
<td><strong>During this phase the patient will verbalize if</strong></td>
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<tr>
<td><strong>Tests</strong></td>
<td><strong>Feeling generally better</strong></td>
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<tr>
<td>- Chest x-ray: PA/Lateral □ Portable □</td>
<td><strong>Feeling less SOB</strong></td>
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<tr>
<td>- ECG at admission □, then pm</td>
<td><strong>Able to lie flat</strong></td>
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<tr>
<td>- Consider ECHO or MUGA</td>
<td><strong>Less peripheral, abdominal edema</strong></td>
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<tr>
<td>- Hgb, WBC, platelets, Na, K, creat, glucose at admission □, then Mon., Wed., Fri.</td>
<td><strong>Objectively the patient will</strong></td>
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<tr>
<td>- HbA1c on admission</td>
<td><strong>Be able to lie flat</strong></td>
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<tr>
<td>- 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</td>
<td><strong>Have less edema</strong></td>
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<tr>
<td>- Fasting Lipid Profile within 24 hours of admission □</td>
<td><strong>Start mobilizing</strong></td>
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<tr>
<td>- INR if on Coumadin on admission □ then as ordered</td>
<td><strong>During the acute phase the patient should be losing 1 kg/day</strong></td>
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<tr>
<td>- Urine R&amp;M □</td>
<td>(1kg = neg 1 litre/day)</td>
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<tr>
<td>- MRSA swabs □ N/A □</td>
<td><strong>Have stable Creatinine (creatinine should not be &gt; 25% over baseline)</strong></td>
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<tr>
<td>- VRE swabs □ N/A □</td>
<td><strong>Have no complaints of symptomatic hypotension</strong></td>
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</tbody>
</table>

### Assessments/Treatments

- O₂ by Titration Protocol
- Weight QAM after first void and before breakfast
- Cardiac monitor per orders/protocol
- VS q4h while awake and pm
- 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 pm
- Social Work pm
- Pharmacist pm
- Physiotherapy pm
- Rehab referral

© Charted comments
Initials required in blanks
## Acute Phase (Requiring IV Diuretics)

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<tr>
<td><strong>Mobility/Safety</strong></td>
<td><strong>Nutrition Outcomes</strong></td>
</tr>
<tr>
<td>• If on bedrest, explain reason for: requesting help with ambulation; possible bedrails up and ring bell for help to the bathroom</td>
<td>• Improved appetite</td>
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<tr>
<td>• Progress ambulation to being up in chair for meals, up to bathroom and ambulating in halls</td>
<td>• Able to maintain record of fluid intake</td>
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<tr>
<td>• Universal Fall Precautions</td>
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<tr>
<td><strong>Nutrition</strong></td>
<td></td>
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<tr>
<td>• Heart Healthy Diet _____</td>
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<tr>
<td>• Diabetic Diet _____</td>
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<tr>
<td>• Other: _____</td>
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<tr>
<td>• Fluid restriction: 1.0 litres _____, 1.5 litres _____</td>
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<tr>
<td>• Other: _____</td>
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<tr>
<td><strong>Psycho-Social Support</strong></td>
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<tr>
<td>• Identify and address psychosocial concerns</td>
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<td>• Identify contact person</td>
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<td>• Assess patient’s behavior re anxiety</td>
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<tr>
<td><strong>Patient Education</strong></td>
<td></td>
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<tr>
<td>• Teach patient about medications: ACE inhibitors, Beta Blockers, Diuretics</td>
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<tr>
<td>• Teach about Heart Failure</td>
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<tr>
<td>• Teach about reasons for thirst, weight monitoring, Na and fluid monitoring</td>
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<tr>
<td>• Inform about Heart Failure Discharge class</td>
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<td><strong>Discharge Planning</strong></td>
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<tr>
<td>• 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</td>
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<tr>
<td>• Identify discharge concerns as per patient history</td>
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<td>• Identify/document family physician name on admission sheet and BP/MH _____</td>
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<tr>
<td>• Initiate GAP tool _____</td>
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<tr>
<td><strong>Problem List</strong></td>
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<td>Day _____ Night _____</td>
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### Transition Phase
(Switched to PO diuretics, with less SOB, less edema, able to lie flat)

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#### Critical Path

**Tests (if already done in acute phase do not repeat)**
- Chest x-ray: PA/Lateral
- 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 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**
- O₂, 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

**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 wear oxygen
- Be able to perform some ADL’s independently
- Have improved exercise tolerance
- Have no complaints of symptomatic hypotension
Transition Phase  
(Switched to PO diuretics, with less SOB, less edema, able to lie flat)

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

### Tests
- As ordered by physician

### Assessments/Treatments
- Weight QAM after first void and before breakfast
- VS QID and prn
- Assess patient and family’s understanding of Heart Failure

### 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

### Mobility/Safety
- Reinforce safe mobility practices with patient and family
- Plan in place for safe discharge

### 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.

### Discharge Planning
- Reinforce all discharge plans and discharge date with the family
- Complete GAP tool with patient
- Address any last minute concerns

## Patient Outcomes

### During this phase the patient will
- Be stable on oral lasix
- Have stable weight

### 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

### Consists are complete as needed

- Increase exercise tolerance
- Patient and family able to demonstrate safe mobility practices if needed

- Patient and family able to discuss the importance of monitoring fluid and salt intake
## Signature Sheet

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