



UNIVERSITY OF OTTAWA  
HEART INSTITUTE  
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## TOP TEN TIPS FOR HEART FAILURE MANAGEMENT

1. Maintain your patient on a 2 gram/day sodium restricted diet.
2. All patients should restrict their fluids to 2 l/day.
3. Patients should be counseled to weigh themselves daily before breakfast and report to MD if they:
  - gain > 2 pounds per day for two days; or,
  - gain > 5 pounds a week; or,
  - develop worsening symptoms of fluid retention

All patients should have ideal weights monitored. The “ideal” weight is one where patients have minimal or no symptoms of fluid volume overload compromising renal function.
4. Use loop diuretics to manage volume – the dose can be doubled as needed to achieve an adequate response up to a maximum of furosemide 100-120 mg bid.
5. Additional synergistic diuretics (thiazides) should only be used sparingly with close monitoring of renal function.
6. If your patient has systolic HF (EF<40%), unless there is an absolute contraindication or intolerance:
  - ACE inhibitors or ARB should be used in all patients
  - Beta blockers should be used in all patients
  - Spironolactone can be considered in symptomatic patients
7. Serum creatinine and electrolytes should be measured any time (Ideal K<sup>+</sup> is ~ 4.0):
  - Furosemide dose is changed
  - ACEI /ARB are added or increased
  - Spironolactone is added or increased
8. Avoid all non-steroidal anti-inflammatory drugs.
9. Encourage a graded exercise program.
10. Consult with a cardiologist /HF specialist if:
  - Patient fails to respond to diuretic management
  - Rapidly progressive HF symptoms
  - EF<30-35% and possible candidate for ICD or resynchronization pacemaker
  - HF complicated by rising creatinine or other multisystem disease
  - New onset (unexplained) HF