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

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+ is ~ 4.0):
   - Furosemide dose is changed
   - ACEI /ARB are added or increased
   - Spironolactone is added or increased


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