UW Medicine | VALLEY MEDICAL CENTER

Acute Heart Failure: Inpatient Management

Acute Decompensated Heart Failure

Consider Additional Diagnostic Studies

- BMP, CBC, BNP, Troponin (if indicated)
- EKG - Identify the rhythm and assess for ACS, signs of strain, and dysrhythmia
- Echocardiogram - assess EF, wall motion, IVC, and lung zones (b-lines)
- CXR - Look for pulmonary congestion, effusions, and cardiomegaly
- Lung Ultrasound **3+ B-lines**

Cardiology or Palliative Care Consult?

YES → **Consider Specialist Consult**

NO

Cardiology Consult Criteria

- New onset HFrEF
- >2 readmissions within 6 mo for HF exacerbation
- Refractory CHF (combined HFrEF, HFpEF)
- Decompensated CHF patients with severe HFrEF<35%
- Decompensated CHF in setting of heart rhythm issues
- Decompensated CHF in setting of coronary ischemia with e/o ACS
- Consider for: Decompensated CHF with established Cardiology patient, newly diagnosed HFpEF

Palliative Care Consult Criteria

- Multiple comorbidities
- Recurrent hospitalizations
- Poor quality of life

Inpatient Management

- Monitor O2 Sats, vitals, cardiac rhythm, & electrolytes
- Daily weights
- Provide supplemental oxygen if SpO2<90
- Optimize volume status
- Medication reconciliation / optimize medications
- Stabilize comorbidities
- Identify and treat precipitating factors

Required Documentation

- Type Acute CHF (new onset) vs acute on chronic CHF/ HFrEF vs HFpEF
- Dry weight if available
- Most recent Ejection Fraction (if available)
- Etiology and precipitant for CHF exacerbation
- Guideline directed therapy administered
- Contraindications to guideline directed therapy
- Expected discharge date

Patient Education

- **RN:** Smoking/tobacco cessation, daily weighing, contacting outpatient PCP for weight gain, exercise, & new patient education
- **Dietary:** Low sodium diet, fluid restrictions
- **Pharmacy:** medication reconciliation and changes during visit

Discharge Planning

- Cardiac Rehab Referral (if indicated)
- Home health resources (if needed)
- Follow up with PCP/Cardiology within 7 days
- Transportation available for follow-up visits
- Weighing scale
- Medications for 30 days

Discharge Criteria

- Weight decreasing / at dry weight
- Stable kidney function
- Normalizing sodium level
- Negative fluid balance