BUNDLE OF CARE FOR TREATMENT OF ACUTE HEART FAILURE (SPSP)

NHS Eileanan Siar Western Isles

AFFIX PATIENT LABEL NAME: CHI: ADDRESS:	**Admitted with decompensation of known Heart Failure (LVSD)**
	Commence bundle & contact Heart Failure Nurse Service (contact details below)
	Suspected new Heart Failure: Refer for ECHO
CONSULTANT:	**Urgent Echo Referral via SCI Gateway + phone 2267**

If ECHO confirms Left Ventricular Systolic Dysfunction (LVSD) refer to Heart Failure Nurse Service

Please complete referral via **SCI GATEWAY (detail below)**

Contact: Heart Failure Nurse service on: 01851 763328

(Reminder: contact HF nurse to inform when patient is ready for discharge)

Date referred:	Time referred:	Print Name:	Signature:

Reason if not Referred:

EXPERT REVIEW DURING ADMISSION (to be completed by Cardiac Specialist Nurse/Consultant)

SEE CLINICAL GUIDELINE OVER PAGE

The following should be considered during the review process:	Signature
• Review and confirmation of the diagnosis and aetiology	
• Further investigations to exclude reversible causes	
• Review of medications for potential interactions, side effects and unnecessary drugs	
• Consideration of DVT prophylaxis and the need for long term anticoagulant therapy	
• Use of intravenous and oral diuretics	
• Consideration of device therapies (ICD, CRT)/ Referral for consideration of LVAD/Transplant	
• Consideration of palliative care involvement	

EVIDENCE BASED DRUGS PRESCRIBED DURING IN-PATIENT STAY
(to be completed by specialist nurse/ pharmacist/ medical staff)

The following drugs have all been shown to reduce morbidity and mortality in LVSD patients when used appropriately and should be actively considered for each patient

DRUG CLASS	DRUG NAME (if prescribed)	INDICATED (yes/no)	PRESCRIBED (yes/no)	REASON IF NOT PRESCRIBED (Must be completed)	Name/ Signature
ACE inhibitor and/ or ARB					
Beta Blocker					
Aldosterone Antagonist					

Pharmacist notes:

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NYHA CLASS DEFINITIONS	
NYHA 1 No limitation: ordinary physical exercise does not cause undue fatigue, dyspnoea or palpitations	
NYHA 2 Slight limitation of physical activity: comfortable at rest but ordinary activity results in fatigue, palpitations or dyspnoea	
NYHA 3 Marked limitation of physical activity: comfortable at rest but less than ordinary activity results in symptoms	
NYHA 4 Unable to carry out any physical activity without discomfort: symptoms of heart failure are present at rest with increased discomfort with any physical activity	
DRUG THERAPY	
ACEI **(all patients)**	**Indication**: ALL patients with LVSD. ACEI's improve symptoms (over weeks-months), improve survival and reduce hospital admissions for HF. **Dose**: Lisinopril 2.5mg o.d. increasing to target of 20mg o.d. at fortnightly intervals, OR Ramipril 2.5mg o.d. initially increasing to target of 10mg o.d. at fortnightly intervals. A small dose of an ACEI is better than none if higher doses not tolerated **Monitoring**: Check renal function and BP before initiation and after each dose adjustment
BETA BLOCKERS **(all patients)**	**Indication**: ALL patients with LVSD. Beta blockers improve symptoms (over weeks-months), improve survival and reduce hospital admissions for HF. **Dose**: Bisoprolol 1.25mg o.d increasing to target of 10mg o.d. at fortnightly intervals (give at bedtime if postural symptoms are a problem), OR Carvedilol 3.125mg b.d. increasing to a target of 25mg b.d. at fortnightly intervals A small dose of a beta blocker is better than none if higher doses not tolerated **Monitoring**: Check pulse (aim for 60) and BP before initiation and after each dose change. (**N.B**. Ensure patient is *free of oedema* before commencement).
ARB	**Indication**: First line therapy in all patients intolerant of an ACEI Second line, in addition to an ACEI and beta blocker in patients with persistent symptoms in NYHA 2-3. Avoid triple therapy of an ACEI/ ARB/ Aldosterone antagonist. (ideally seek advice of HF nurse initially to explore options) **Dose**: Candesartan 4mg o.d increasing to a target of 32mg o.d at fortnightly intervals. (Double dose at each review to target dose. A small dose of an ARB is better than none if higher doses not tolerated) **Monitoring**: Check renal function and BP before initiation and after each dose adjustment and annually in all patients.
ALDOSTERONE ANTAGONISTS	**Indication**: Patients who remain NYHA 3-4 after optimisation of ACEI and Beta blocker, & patients with severe LVSD of any NYHA class. (Seek advice if K+ > 5.5 or creatinine >220) **Dose**: Spironolactone 25mg o.d OR Eplerenone 25mg o.d. aiming for target of 50mg o.d. (useful if Spironolactone intolerant e.g. gynacomastia) **Monitoring**: Check renal function and BP after initiation and then at 1/12, 3/12, 6/12, 9/12, 12/12 and every 6/12 thereafter. Risk is hyperkalaemia. Tell patient to temporarily suspend treatment with Aldosterone antagonist if develops D+V or other fluid loss (risk of hyperkalaemia) (Avoid triple therapy of an ACEI/ ARB/ Aldosterone antagonist).