



UNIVERSITY OF OTTAWA
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**Nurses' Guide to
Commonly Asked
Questions About
Heart Failure**

Changes in the health care environment have resulted in shorter lengths of stay for patients, making it difficult for them to receive necessary information to speed their recovery. A key challenge for health professional in an environment where change is the norm is ensuring a consistent, standardized approach to dealing with common questions from patients and their families.

This Guide is one step in helping health care professionals cope with this issue. The Guide is a collection of some of the most frequently asked questions accompanied with a sanctioned, standard answer. It has been designed with you in mind. It is portable, convenient and will be occasionally updated with new information.

Comments or questions about the Guide should be submitted to your Clinical Nurse Educator.

Table of Contents

Section 1: Heart Failure FAQs

| | |
|---------------------------------|----|
| Pathophysiology..... | 4 |
| Hospital Process Questions..... | 7 |
| Tests/Procedures..... | 8 |
| Diet..... | 9 |
| Weight Management..... | 13 |
| Activity..... | 15 |
| Medications..... | 17 |
| Follow-up Care..... | 19 |

Section 2: HF Phased Pathway20

Section 3: Lab Values

Section 4: Arrhythmias

Section 5: Medications

Nurses Guide to Commonly asked Questions about Heart Failure

PATHOPHYSIOLOGY

What is Heart Failure (HF)?

In medical terms, HF is a complex clinical syndrome in which the abnormality of the cardiac function is responsible for an inability of the heart to pump blood throughout the circulatory system, therefore failing to meet the peripheral demands of the metabolizing tissues.

When explaining HF to patients, please keep in mind that for patients the term "heart failure" sounds scary. Nurses need to explain the term by stating that HF does not mean that the heart will suddenly stop working or that they are about to die. The explanation should focus on the fact that HF is a term that is used to describe a condition where a heart that is not working well needs to work harder to keep blood flowing throughout the body. The weakened pumping of the heart allows fluid to collect in certain parts of the body. This fluid retention may cause swelling of ankles, lower legs and/or abdomen. Extra fluid in or around the lungs causes shortness of breath and decreases the ability of the lungs to provide the body with the required blood and oxygen needs, which can result in fatigue.

What causes HF?

Coronary artery disease (CAD) and hypertension (HTN) are two of the most common causes of heart failure. These two conditions account for more than 80% of all clinical events. Other causes of heart failure are:

- Cardiomyopathy (viral, alcohol or idiopathic)
- Valvular dysfunction
- Cardiac arrhythmias
- Pericardial diseases
- Infection

What is the difference between Right Heart Failure (RHF) and Left Heart Failure (LHF)?

RHF is caused when the right ventricle is enlarged causing blood to pool in the right ventricle and then into the right atrium. This backed up blood causes pressure and congestion in the vena cava and systemic circulation. The patient will have elevated central venous pressure, jugular vein distention and hepatjugular reflex. Rising capillary pressure forces excess fluid from the capillaries into the interstitial space. This causes tissue edema, especially in the lower extremities and abdomen. The patient may experience weight gain, pitting edema and nocturia.

LHF is caused when the left ventricle is enlarged from the increased workload and end diastolic volume. This diminished left ventricular function then causes blood to pool in the left ventricle and the left atrium and it eventually backs up into the pulmonary veins and capillaries. As the pulmonary circulation becomes engorged, rising capillary pressure pushes sodium and water into the interstitial space causing pulmonary edema. Patients may experience dyspnea on exertion, confusion, dizziness, orthostatic hypotension, decreased peripheral pulses and S3 heart sounds.

In chronic heart failure, patients usually have components of both right and left sided heart failure. Right sided heart failure occurs in arrhythmogenic right ventricle dysplasia (ARVD) and pulmonary artery hypertension (PAH).

What are the signs and symptoms of HF?

HF patients may experience the following signs and symptoms:

- Fatigue
- Exertional, paroxysmal and nocturnal dyspnea
- Neck vein engorgement (Jugular Vein distension)
- Hepatomegaly
- Tachypnea
- Palpitations
- Dependent edema
- Unexplained steady weight gain
- Nausea
- Chest tightness
- Slowed mental response
- Anorexia
- Hypotension
 - Confusion : common in the elderly
- Diaphoresis. The most common complaints of patients are fatigue and shortness of breath.

What is Ejection Fraction (EF)?

The EF is a measurement of how well the heart is pumping. People with a healthy heart usually have an EF of 50% or greater. Many people with heart failure, but not all, have an EF of 40% or less; however, you can have heart failure with a "normal" EF" such as in diastolic heart failure.

What is the prognosis of my heart failure?

The likelihood of survival is difficult to determine on an individual basis. The most significant predictors of survival are:

- Decreasing LVEF
- Worsening NYHA class

- Degree of hyponatremia
- Chronic hypotension
- Resting tachycardia
- Refractory volume overload
- Intolerance to conventional therapy

Proven medical therapies such as Beta blockers & ACEI's have improved survival significantly so that patients can be hopeful for a better quality of life.

What are the survival rates?

Survival rates are as same as prognosis.

What are the treatment options?

There are many treatment options for heart failure. More and more options become available each year. These include:

- 1) Medications: proven standard therapies and new therapies
- 2) Lifestyle modifications: diet (fluid and salt restrictions), exercise, management of stress
- 3) Internal cardiac defibrillator (ICD) or cardiac resynchronization therapy (CRT)
- 4) Surgical options when indicated: such as coronary artery bypass graft, valve surgery or heart transplant

HOSPITAL PROCESS

Should nurses use the same scale to weigh patients daily?

It would be ideal to use the same scale for the same patient everyday. However, if this is not feasible, using a different scale is fine too.

When will the physician assess the patient?

If patients are admitted over the weekend, the physician covering the weekend will be assigned to the patient. On Mondays, the patients will be assigned a cardiologist who will look after the patient during his/her hospital stay. Once a physician has been assigned to the patient, he/she will be assessed that day.

Can patients leave the floor when they are on telemetry?

Patients can not leave the floor when they are on telemetry unless the physician has ordered "off ward privileges" for the patient. If the patient does have off ward privileges, please make sure that you still know the whereabouts of the patient and for how long he/she will be off the floor.

If a patient comes in for a procedure such as ICD placement or Angiogram and he/she is a known HF patient, do I initiate the pathway?

No, if the patient is here only for a procedure, do not initiate the pathway. Should the patient experience an exacerbation of his/her HF symptoms, then the pathway would be initiated.

TESTS/PROCEDURES

What tests/procedures will I undergo?

Patients may undergo the following tests/procedures:

- Chest X-Ray
- Echocardiogram
- MUGA scan
- Electrocardiogram
- Blood Work

How do these tests/procedures help with the diagnosis?

After initial physical examination and after reviewing medical history, physicians order a number of tests to determine if patients have heart failure.

These include:

- **Chest X-RAY:** looks at the size of the heart and determines whether there is fluid in lungs. It can identify cardiac enlargement, pulmonary congestion or intrinsic pulmonary disease.
- **Echocardiogram and/or heart scan (MUGA scan):** looks at the overall structure of the heart chambers and valves, and determines what your “EF” is. The EF is a measurement of how well your heart is pumping. People with a healthy heart usually have an EF of 50% or greater. Many people with heart failure, but not all, have an ejection fraction of 40% or less, however, you can have heart failure with a “normal” EF.
- **Electrocardiogram (ECG):** looks at the heart rhythm. The ECG can identify previous myocardial infarctions, left ventricular hypertrophy, diffuse myocardial disease or arrhythmia.
- **Blood work:** consisting of complete blood count, electrolytes, urea, creatinine, liver enzymes, cholesterol, blood glucose and thyroid function are usually carried out in all patients.

DIET

How much fluid can I have in a day?

The recommended fluid intake is 1500-2000 mL (48-64 ounces) per 24 hours.

What is considered a fluid?

All substances that are liquid at body temperature are considered fluid. Some examples of fluids are:

- Water
- Milk
- Juices
- Soft drink
- Tea
- Coffee
- Alcohol
- Soup
- Ice cubes
- JELL-O
- Ice cream
- Sherbet
- Popsicle

How should I measure my fluid intake?

Patients should measure their fluid intake over 24 hours until fluid limitation becomes routine. An example of how patients can keep track of their daily fluid intake is as follows:

- Patients should place their total daily fluid allowance in a pitcher
- Every time they consume fluid, they should pour out an equal amount of water from the pitcher
- The amount of fluid remaining in the pitcher is their fluid allowance for the rest of the day

Why do I need to measure my daily fluid intake?

One of the primary problems with heart failure is excess fluid in the body, which the heart must pump to the kidneys to excrete. HF patients retain fluids in the body. In order to avoid this fluid overload, patients need to monitor their daily fluid intake. The smaller the volume of fluid going in, the less work there is for the weakened heart and less congestion there will be in the body.

What can I do if I am thirsty?

Here are some practical ways patients can quench their thirst:

- Suck on frozen lemon wedges or frozen grapes
- Brush your teeth often
- Rinse your mouth with chilled mouth-wash
- Suck on hard candies or chew gum (Sugar free varieties are recommended).

Are there any exceptions to fluid intake restrictions (i.e. a hot day when pt is sweating a lot)?

Encourage patients to stay in an air conditioned area or in the shade when the temperature is above 30°C. Patients should not over compensate for sweating. If they are consuming less than 2000mL /day, they should increase their fluid intake; however, patients should **not** exceed their fluid intake to more than 2000 mL per 24 hours. If their morning weight has increased more than 2 lbs in 1 day or 5 pounds in a week, then patients should notify their nurse/doctor.

Are there foods I should avoid eating?

HF patients should **AVOID EATING** the following foods:

- Smoked, canned, cured meat, fish or poultry (ie bacon, sausages, ham, hot dogs, sardines, anchovies and herring).
- Cold cuts such as bologna and salami
- Salted nuts
- Bouillon cubes, OXO®, or consommé
- Regular canned and dried soup mixes
- Canned or packaged gravies
- Limit bottled salad dressings and mayonnaise to 1 tbsp/day
- Bacon fat
- Dips made from dry mixes
- Any seasonings made with sodium or salt
- Salted snack foods
- Black liquorice
- Salt substitutes that contain potassium like No Salt™
- Sea salt
- Kosher Salt
- Bottled water with more than 250 mg of sodium per litre
- Commercially prepared foods such as: sweet rolls, muffins, tea biscuits, croissants, doughnuts, salted crackers, instant hot cereals, bread crumbs, waffles and pancakes.
- Pre-packaged /convenience products such as coatings for meats and pastas with sauces included
- Regular canned vegetables
- Tomato juice and canned vegetable juices, sauces, and pasta
- Brine-cured vegetables (ie sauerkraut and pickled vegetables (ie pickles and olives)
- Cheese spreads
- Processed cheese slices or squeeze-bottle cheese
- Buttermilk

Note: Salt substitutes may contain potassium. Patients should be cautious of their usage. If in any doubt, patients should consult their physician, nurse or dietician.

What is the recommended daily sodium intake for a HF Patient?

Daily sodium intake should be less than 2000 mg per 24 hours. One teaspoon of salt equals to 2300 mg of sodium which is more than daily recommended amount. It is important to reassure patients that there is enough salt in natural foods to meet basic requirement...there is no need to add salt.

How should I monitor my sodium intake?

Patients are advised and encouraged to read the food labels for sodium content. Dieticians recommend that patients choose foods with less than **200 mg** per serving of sodium representing **8%** or less of the daily value for sodium.

Patients should be educated that salt is found naturally in all foods. Foods that are processed or prepared contain additional salt. Patients **SHOULD NOT USE SALT SHAKERS**. They should use herbs and spices to season foods. Cooking without salt is also advised.

Why do I need to limit my sodium intake?

With heart failure, there is a decrease in blood flow to your kidneys. In an attempt to restore homeostasis, fluid and sodium are retained. The increase in sodium and fluid in the body makes the heart work harder thereby weakening the heart even further. The extra fluid may also cause symptoms such as swelling of the ankles, feet or abdomen, shortness of breath and weight gain. A low sodium diet can help prevent these symptoms from occurring even if you are already taking a diuretic.

Can I go out to a restaurant to eat dinner?

Yes HF patients can dine in restaurants, however, patients are advised to:

- Choose restaurants that offer as much variety in their menu as possible
- Choose restaurants that are willing to prepare foods by special request
- Request that foods be prepared without added salt
- ASK how the foods are prepared if patients are unsure of the ingredients
- Not use the salt shaker
- Request that foods be served without the high salt condiments. (relish, mustard, ketchup, pickles, potato chips, sauces, dressings, etc) Patients should ask for lower salt substitutions such as sliced tomatoes/cucumbers/lettuce, horseradish, oil and vinegar and lemon.
- Eat foods in their fresh state, since foods are naturally low in sodium. Patients should try grilled vegetables or fish rather than battered and deep fried
- A quick rule of thumb for Fast Food dining is to limit their sodium intake at one meal to $\frac{1}{4}$ of their total salt/sodium for the day (about 500 mg of

sodium per meal). Most restaurants have a guide listing the sodium content of their food items

- Soups, JELL-O, sherbet or ice cream as well as beverages must be included as part of their daily fluid allowance
- When travelling patients should plan stops where lower sodium foods may be obtained or plan a picnic including delicious fruits, vegetables and sandwiches

Are there any alternatives to salt?

Patients are advised to use seasoning powder instead of seasoning salts. Instead of using salt, herbs, spices, fresh garlic, lemon, pepper and/or onion can be used to 'spice' up food. Seasoning blends such as Mrs. Dash, McCormack's No Salt Added are also excellent substitutes for sodium. Patients should limit their daily intake of BBQ/ stake sauce, ketchup, mustard, relish, salsa and low sodium soya sauce to 1 teaspoon/day.

What changes should I make to my diet?

Restricting daily fluid intake to 2000 mL and restricting daily sodium intake to less than 2000 mg are two of the most important dietary modifications heart failure patients are advised to make.

WEIGHT MANAGEMENT

Do I have to weigh myself daily?

Day to day weight gain is usually fluid gain, not weight gain by calories. Patients are instructed to weigh themselves daily (every morning). Patients should:

- Empty their bladders before weighing themselves
- Weigh themselves in the same amount of clothing
- Weigh themselves before breakfast
- Use the same scale
- Record their weight daily.

Why do I have to weigh myself daily?

Daily weights are one of the most important indicators for fluid weight gain. It is crucial for patients to weigh themselves every morning before breakfast. Any weight gain is indicative of fluid weight gain. This fluid weight gain may be due to non adherence to salt or fluid restrictions the day before or from missing a diuretic dose. Therefore, patients **MUST** weigh themselves daily to indicate any fluid weight gain.

What is meant by target weight?

Target weight is the patients "dry weight." Patients are considered "dry" when:

- their jugular venous pressure (JVP) is less than 2 cm above sternal angle (ASA)
- their JVP is at the patient's normal (which may be chronically elevated between 2-4 cm ASA),
- when there has been evidence of weight stabilizing
- when the creatinine starts to rise.

Patients may not necessarily achieve their "dry" weight in hospital, therefore they are encouraged to continue to monitor their weight at home.

Do I need a scale at home?

Yes patients must have a scale at home. This is the only way they can weigh themselves daily. This weight will show patients whether or not they are gaining fluid weight. Patients must have a scale that they can easily read. A digital scale is preferred (if they can afford it).

What should I do if I start to gain weight?

Patients should ask themselves the following questions:

- 1) Is my intake of sodium above the recommended level?

Too much sodium in the diet will cause fluid build up. Sodium acts like a sponge in the body, drawing fluid towards it.

2) Is my intake of fluids above the daily recommended level?

If fluid retention becomes a problem, patients may need to take a closer look at their fluid intake. Dieticians are an excellent resource for this.

3) Has my urine output decreased?

If it has, fluid restriction will need to be re-evaluated and possibly decreased. If a patients' weight increases by more than 2 pounds in one day or 5 pounds in a single week, their diuretic dose may need to be increased. If prescribed, patients should follow their diuretic sliding scale, otherwise they should call their nurse or doctor.

How do I know if my weight gain is related to water or fat?

A sudden weight gain when patients have been eating a normal amount may be an early sign of fluid build-up. Patients should take a closer look at the fluid and salt intake from the previous day to determine the cause of this weight gain. Making the connection between salt, fluid and weight gain will help patients see the whole picture.

There is also a difference between fluid weight gain as opposed to fat weight gain. Usually fluid weight gain is very quick and can happen overnight. Therefore, we advise patients to weigh themselves daily to reflect this fluid weight gain. On the other hand, weight gain from calories can take weeks to months to show on the scale, therefore, patients need to be educated on the difference between fluid weight gain vs. fat weight gain. Patients who have participated in weight loss programs may be resistant to weigh themselves daily, therefore it is very important that you stress the importance and necessity of these daily weights to them.

Does weight loss mean losing fluid weight or fat weight?

For HF patients daily weight gain/ loss is usually referred to fluid weight as opposed to fat weight. As described above, fluid weight gain changes very quickly and can reflect the weight gain/loss overnight. Patients should be cautious when the weight gain is more than 2 pounds within a day or 5 pounds within a week. This weight gain is indicative of fluid weight gain as opposed to fat weight gain.

If prescribed, patients should follow the diuretic sliding scale, otherwise they need to call their nurse or doctor. In some instances, obese patients might be advised to lose "body fat weight" for the long term. Losing body fat weight has been proven to be beneficial, as it helps to relieve some symptoms of HF and improves the overall quality of life for patients.

ACTIVITY

Can I exercise?

Most patients with HF are able to exercise. A patient's medical status needs to be stable. Walking is one of the best types of exercise for most patients. Patients should not exercise rigorously if:

- they have symptoms at rest
- are NYHA Class IV
- and/or their status is varying between NYHA Class III and Class IV.

Mobility aids (such as walkers) can assist with energy conservation. A referral to Cardiac Rehab will provide a tailored program and education.

Heart failure (HF) decreases the ability of the heart to adequately deliver oxygen-rich blood to the muscles and tissues. HF can change the types of muscle fibres in the body and can also decrease the number of fibres for endurance. Exercise allows the body to become more efficient in its use of oxygen therefore a muscle that is exercised regularly uses less oxygen to do a job than one that has not been exercised. Over time, regular exercise can help patients feel better and have less difficulty with daily activities, reducing some of the symptoms of shortness of breath and fatigue. Exercise does not have to be strenuous to be valuable. Walking is one of the best exercises for improving one's health.

Patients should consult their physicians before starting a formal exercise program.

How long should I exercise for?

The duration of the exercise is individualized based on the patient's tolerance. Exercise intervals of short duration with frequent rest periods are often how patients start their exercise program. The ultimate goal is 20 to 30 minutes of continuous exercise most days of the week.

Listed below is a suggested walking program for someone who has not been exercising regularly. It is very gradual, increasing by one minute every 2 days or so.

| | |
|----------|----------------|
| Week 1-2 | 5-10 minutes |
| Week 3-4 | 10-15 minutes |
| Week 5-6 | 15-20 minutes |
| Week 7-8 | 20-30 minutes. |

Patients should aim to work up to 20-30 minute sessions, 5 to 7 times a week as tolerated. Patients may need to accumulate the time in more frequent shorter sessions if they do not have the tolerance for longer sessions. Patients should

always start and finish their exercise session with slower walking for warm up and cool down.

What should I do when I get short of breath (SOB)?

Some SOB with exercise in very deconditioned patients is expected. To assess SOB with exercise, the walk and talk test is used. Patients should be able to carry on a conversation when exercising. If the level of SOB becomes excessive then the patient should:

- Decrease the pace and/or
- Use a walking aid and/or
- Perform interval exercises (i.e. take rest breaks) and/or
- Do pursed lip breathing

Patients should STOP exercising when they :

- Feel weak, tired, lightheaded or dizzy
- Have any discomfort, especially chest discomfort
- Have a fast heart rate
- Have nausea or excessive sweating
- Become excessively SOB

Patients **SHOULD NOT** exercise if they are experiencing SOB at rest.

Is it safe to have sex?

Many patients with HF (and their partners) are concerned about the effect of sexual activity on the heart. Sexual activity is not dangerous to the heart. Studies have shown that, for most people, sexual activity requires only as much energy as climbing two flights of stairs.

The following tips may be helpful:

1. Patients should pick a time for sex when patients feel rested and comfortable, and are not pressured.
2. Avoid sex after eating a big meal or drinking alcohol.
3. Have a sex in a comfortable room that is not too hot or too cold.
4. Avoid strenuous positions.
5. Patients should talk to their doctor/nurse if they are having sexual difficulties.

MEDICATIONS

What are my medications?

Certain types of medications help prevent future HF episodes and may help patients live a longer and healthier life. Each medication has a different mechanism of action and they may also work in a different way. Patients may not be on all the types of medications listed below. If patients are wondering why they are not on one of these medications, they should speak to doctor/nurse. The medications and dosages vary depending on individual needs and conditions. It is common to have medication and dosage changes during treatment.

The following are different classes of medications patient might be on.

- Angiotensin Converting Enzyme (ACE) Inhibitors (ACEIs)
- Angiotensin Receptor Blockers (ARBs)
- Beta Blockers
- Diuretics
- Digitalis
- Aldosterone Antagonist
- Nitrates and Vasodilator
- Potassium Supplement

How long do I have to take these medications?

Patients will be on ACE or ARB, Beta Blockers and diuretics for the rest of their lives. Diuretics dosage will be based on the physical assessment and symptoms of the patients at that time. During the acute phase of HF, patients are expected to lose 1 kg/day. If this is not achieved then the physicians might add thiazide or an IV Lasix infusion (provided that the patient's blood work is within normal range). Patients may or may not be on digoxin based on their cardiac rhythm and whether their heart rate is at an acceptable rate on beta blockers. Patients may be on Spironolactone if they are NYHA class 3 or 4, are congested, or are already on an ACE inhibitor, Betablockers and/or diuretic. When there is a rhythm issue, patients may be taken off of their Digoxin in favour of their of their Beta Blocker which is the proven therapy to improve survival and heart function.

When are the best times to take medications?

If a patient is on a diuretic twice a day then the best time to take their morning dose is at breakfast. The evening diuretic dose should be taken before 4 pm to avoid frequent bathroom visits during night. Other medications should be taken as prescribed. Medications taken once daily are best taken in the morning if tolerated. ACE inhibitors taken once daily can be taken at bedtime. Patients may stagger their once a day medications if they are symptomatic in the early morning (i.e. dizzy). It is preferable that patients take medications at the same time each

day to ensure a consistent level of medicine in the bloodstream. Patients might need help if they have trouble figuring out a schedule for their medications.

Can Lasix be taken at home by Intravenous (IV)?

Yes lasix can be taken at home via IV, however, this must be administered by a home care nurse. Patients **CANNOT** give themselves IV Lasix. Once arranged home care nurses will go to the patients' house and will safely administer IV Lasix. This arrangement will have to be organized by either the family physician or telehome monitoring nurse. Home care nurses prefer PICC lines for easier access. If a patient is to be discharged home on IV Lasix, then arrangements for a home care nurse have to be made prior to discharge from the hospital.

Can I use NTG spray for chest pain?

Yes patients can use NTG spray for chest pain.

What medications should I avoid taking?

Patients should avoid using over the counter medications at the drug store such as antacids, laxatives, cough medicines, and non steroidal anti-inflammatory drugs (NSAIDs- such as Ibuprofen, Motrin, Advil, Celebrex, Vioxx, Mobicox and Naproxen). These medications can worsen patients' symptoms and can make prescription medications less effective. If in doubt, patients should consult their doctor/nurse/pharmacist when choosing an over the counter medication. When speaking with the pharmacist, the patient must inform the pharmacist that they have HF to ensure that they receive appropriate advice.

FOLLOW-UP CARE

How often do I need to see a doctor?

Post hospital discharge, HF patients are advised to see their family doctor within 2 weeks of discharge or as soon as they can get an appointment. If the patient is being followed by a cardiologist, then an appointment is usually booked before the patient's discharge. After these initial appointments, the frequency of future appointments will be left at the discretion of family physician and/or cardiologist.

How often does blood work need to be done?

At discharge, patients will be advised to get their blood checked at their next family doctor visit. After this the frequency of future blood work will be left at the discretion of family physician and/or cardiologist.

When should I go see a physician or go to the emergency room?

Patients should call their physicians or go to the emergency department of the closest hospital if they experience any of the following:

- Recurrent or prolonged chest pain not promptly relieved by nitroglycerin
- Weight gain of more than two pounds a day or five pounds a week
- Increased swelling of ankles, legs or abdomen
- Increased shortness of breath with activity
- Waking up at night short of breath or having difficulty lying flat and/or needing more than one pillow to prop up their head
- Persistent cough

Heart Failure Phased Pathway How to Use the Pathway

What is a Pathway?

A Clinical Pathway is a multidisciplinary care plan and patient documentation tool that organizes, in sequence and by time, the interventions for the clinical management of a specific health problem to achieve optimal outcomes. It may include the use of clinical practice guidelines, medical directives, algorithms and physician's orders.

Clinical pathways are not considered a substitute for professional judgment

Goals of pathways

The goal of a pathway is to provide an organized process in the development, implementation and evaluation of critical pathways. Furthermore, a pathway aims to improve the utilization of resources and quality of patient care by reducing practice variations among health care providers and improving outcomes for patient care.

Using the HF Phased Pathway

The HF phased pathway uses 3 phases not days. The 3 phases are:

1. Acute Phase
2. Transition Phase
3. Maintenance Phase

The principle behind the phases is that patients will advance at their own pace, therefore care, assessment and treatment will meet the individual patients' needs, not what day of hospitalization they are on.

On admission, the physician must order which phase the patient should begin on.

The RN and the physician monitor the patients progress through the current phase and together they determine at what point the patient should advance (or return to the previous phase) to the next phase. The physician then orders which phase the patient should continue on.

Acute Phase

- Patients in this phase are on IV LASIX (IV Lasix is in the acute phase only!!!).
- Being in this phase does not mean the patient needs to be in CCU.
- Accurate Intake and Output must be done daily in this phase...this is very important!

Transition Phase

- Patients may be admitted to the Transition phase if they are on PO Lasix.
- Accurate Intakes are required when on this phase.

Maintenance Phase

- The patient may move to Maintenance Phase when stable on oral diuretic and other medications.
- This phase will reinforce patient education about fluid restrictions, sodium restrictions, the importance of weighing yourself daily, exercise and smoking cessation.

Reminders about the Pathway

- The physician orders which phase the patient should be on.
- The RN does not need to initial beside each point.
- Charting is by exception in the Nurses Notes/ Clinical Flow sheet.
- In the Consult section, the service consulted is the person to initial off on the pathway – NOT the RN or Clerk.
- There is a signature sheet after each phase, you must sign and date here after each shift.