Decompensated Heart Failure Guide
Hospital at Home

Initial assessment

- Symptom Profile
- HF diagnosis/Previous Echo
- Medications
- Weight
- ECG
- Document above details in the problem list when completing clerk-in

Initial Management

- Increase loop diuretics, may need usual dose doubled. Consider converting furosemide to bumetanide.
- If evidence of respiratory compromise add in IV furosemide to usual oral diuretics
- Withhold medications that promote fluid retention (eg Amlodipine) and anti-hypertensives including ACEI/ARB/Doxazosin/Beta-blocker, particularly if significant fluid overload
- Target HR ~ 90. If needing rate control for AF having withheld beta-blocker consider digoxin

Monitoring

- Daily review of symptoms, observations, weight
- Regular monitoring of renal function (however may worsen initially), fluid status & venous pressure
- Monitor potassium and have low threshold for a course of potassium supplementation if falling < 4
- Ask about urine output as a measure of diuresis, if not noticeably passing more urine unlikely to be on sufficient doses of loop diuretic

Ongoing Management

- Consider fluid restriction
- If not improving, add in thiazide diuretic early, may require high doses
- May need to uptitrate loop diuretics significantly
- Consider adding in spironolactone, particularly if low potassium, although diuretic affect may not be achieved until doses of ~ 100 mg
- Aim to establish realistic targets of treatment

Other Considerations

- New Diagnosis: consider benefits of an echo
- Anticipatory Care Planning – should be discussed with all
- Anaemia: do iron studies if anaemic – may benefit from IV Iron if Transferrin Sats < 20%
- Depression/anxiety: very common, consider available support/management
- Refractory symptoms: consider alternative meds eg Oramorph for PND
- Consider referral to heart failure team (if known LVSD) or IMPACT on discharge

V1, May 2019. For Review May 2020