CONGESTIVE HEART FAILURE

Signs that suggest heart failure:
- Tachycardia (Heart rate >100 BPM)
- Third heart sound (S3) assessed by GP
- Increased jugular venous pressure (JVP >2 cm)
- Lung sounds - increased crackles in the posterior bases (also known as rales or crepitations)
- Pedal (or sacral) oedema
- Heart apical pulse displaced to the left (also known as point of maximal impact – usually 5th intercostal space mid clavicular line)
- Weight gain - contact GP if >2 kgs in 2 -5 days

Symptoms that suggest heart failure:
- Shortness of breath (SOB) on exertion
- SOB when lying down and preferring to sleep sitting up (Orthopnoea)
- Waking suddenly in respiratory distress (Paroxysmal nocturnal dyspnoea)
- Increased fatigue
- Decreased exercise tolerance
- Unexplained cough especially at night
- Acute confusional state: delirium
- Nocturia (increased urination at night, if excessive, can be an early warning sign)

Is there a previous history of congestive heart failure?

- Continue with current care plan
- Has their condition deteriorated?
  - NO
  - Evaluate complaints of paroxysmal nocturnal dyspnoea, orthopnoea, new onset of shortness of breath on exertion unless there is a clear non-cardiac cause for symptoms
  - Arrange GP/NP - review & consider acute admission or referral to specialist when:
    - Diagnosis and/or cause is uncertain
    - Irregular heart rate, particularly if it is new.
    - In those with sudden onset of symptoms of heart failure
    - Inadequate response to treatment

New York Heart Assn Functional Classification System for Congestive Heart Failure Severity

Class I
No limitations. Ordinary physical activity does not cause undue fatigue, dyspnoea or palpitations.

Class II
Slight limitation of physical activity. Ordinary physical activity results in fatigue, palpitations, dyspnoea or angina pectoris (mild CHF).

Class III
Marked limitation of physical activity. Less than ordinary physical activity leads to symptoms (moderate CHF).

Class IV
Unable to carry on any physical activity without discomfort. Symptoms of CHF present at rest (severe CHF).

Review with GP and revise care plan

Implement care plan

NO OR UNCERTAIN

YES

Arrive at diagnosis and consider acute admission or referral to specialist when:
- Diagnosis and/or cause is uncertain
- Irregular heart rate, particularly if it is new.
- In those with sudden onset of symptoms of heart failure
- Inadequate response to treatment
**Assess chest pain**

**PAIN:**
Described as squeezing, tightness, pressure, constriction, burning, fullness in chest, band-like sensation, knot in the centre of the chest, ache, heavy weight on chest.

Sometimes cannot be described but patient places fist in centre of chest, known as the “Levine sign”. Patient may also describe pain as discomfort rather than pain. (Non-ischaemic pain may be described as sharp or stabbing).

**LOCATION:**
Almost always involves the centre of the chest or upper abdomen. (Ischaemic chest pain/angina usually not felt in specific spot, but throughout chest. May have difficulty saying exactly where the pain is.)

**RADIATION:**
May include the neck, throat, lower jaw, teeth (feeling like a toothache), or the shoulders and arms. May be felt in wrists, fingers, or back (between the shoulder blades).

**TIMING:**
Ischaemic chest pain/angina tends to come on gradually and get worse over time; generally lasts from 2 – 20 minutes. Non-ischaemic pain begins suddenly and feels worst in the beginning, usually lasts a few seconds. Pain that has been constant over days or weeks is also not likely to be ischaemic chest pain/angina.

**ASSOCIATED SYMPTOMS:**
Shortness of breath (dyspnoea), nausea, vomiting or belching, sweating, cold, clammy skin, palpitations, fatigue, presyncope, syncope, indigestion, vague abdominal discomfort.

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**PALLIATIVE CARE**
Palliative care should be considered for patients with the strong possibility of death within 12 months and who have advanced symptoms e.g. NYHA Class IV, and poor quality of life, resistant to optimal pharmacological and non-pharmacological therapies. Strong markers of impending mortality include:

- Advanced age
- Recurrent hospitalization for decompensated heart failure and/or a related diagnosis
- NYHA Class IV symptoms
- Poor renal function
- Cardiac cachexia (weight loss)
- Low sodium concentration (hyponatraemia)
- Hypotension necessitating withdrawal of medical therapy

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**Previous history of chest pain?**

**NO**

Follow prescribed plan e.g.
Nitro-glycerine spray (GTN):
1 dose under tongue.  
2nd dose 5 mins later if required.  
If pain persists seek medical advice immediately.
- If pain settles, inform GP at next appointment.  
- If pain is frequent or daily inform GP immediately

**YES**

Follow prescribed plan e.g.
Nitro-glycerine spray (GTN):
1 dose under tongue.  
2nd dose 5 mins later if required.  
If pain persists seek medical advice immediately.
- If pain settles, inform GP at next appointment.  
- If pain is frequent or daily inform GP immediately

Review care plan with GP and revise

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**Does the care plan address this issue?**

**NO**

Follow prescribed plan e.g.
Nitro-glycerine spray (GTN):
1 dose under tongue.  
2nd dose 5 mins later if required.  
If pain persists seek medical advice immediately.
- If pain settles, inform GP at next appointment.  
- If pain is frequent or daily inform GP immediately

Review care plan with GP and revise

**YES**

Follow the plan

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