

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)

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).

Is there a previous history of congestive heart failure?

YES

NO OR UNCERTAIN

Continue with current care plan

NO

Has their condition deteriorated?

YES

Assess for possible causes:

- ❖ **Difficulty with correct amount of drugs, diet, fluid?** Follow plan for drugs, diet and fluid intake and arrange GP review.
- ❖ **Hazardous drugs?** Arrange GP review and consider stopping drug (e.g. NSAIDs).
- ❖ **Acute infection?** Arrange GP review, may consider antibiotics.
- ❖ **New arrhythmias?** Arrange GP review/consider intervention in facility or acute admission or referral (e.g. atrial fibrillation).
- ❖ **Acute ischaemic/infarction & other causes?** Arrange GP review/consider intervention in facility or acute admission or referral (e.g. anaemia, embolism).

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

- ❖ Arrange GP review.
- ❖ Follow orders as directed by GP: Often it will be an increase in furosemide (e.g. 20 mg furosemide per kilogram of weight gain).
- ❖ If no improvement in 24 hours (no weight loss or decrease in signs) contact GP.
- ❖ If improved in 24 hours (weight loss): provide update to GP.

Is there an individualised care plan for this condition?

YES

NO

Implement care plan

Review with GP and revise care plan

