

CHF PROTOCOL

CDU Inclusion Criteria

- Diagnosis of acute heart failure supported by history, exam and clinical data.**
- Hemodynamically stable**
- Free of chest pain**
- ECG normal, nonspecific ST-T changes or abnormal with no changes from previous ECG.**
- Improvement or stable vital signs with initial ED management with requirement for further interventions.**
- Potential to discharge in 24-48 hours**
- Cardiologist agreement with disposition and need for CHAT involvement (Congestive Heart Failure Action Team) if available (weekdays until 5).**

CDU Exclusion Criteria

- New diagnosis of CHF unless mild exacerbation.**
- Unstable vital signs**
 - Heart rate >130
 - SBP <90 mmHg or >175 mmHg
 - O2 saturation <90%
- Unstable airway**
- Need for continuous CPAP/BIPAP**
- Evidence of acute cardiac ischemia**
- Uncontrolled CP thought to be cardiac in nature**
- ECG with ischemic changes**
- Cardiac arrhythmia requiring continuous IV interventions**
- Complicated diagnosis that requires admission, including AKI**
 - CKD is not an exclusion; consider Cardiology involvement for appropriateness
 - Dialysis patients should not be CDU under CHF protocol
- Requiring IV titrated medications**
- AMS**
- Requires 1:1 nursing**
- Severe systemic illness and/or comorbidities likely to complicate disposition decision**

CDU Interventions as Indicated

- CHF Action Team (CHAT) consultation**
 - 7am-5pm Monday-Friday: Heart failure consult (in EPIC: Inpatient consult to cardiology-heart failure)
 - 5pm-11pm M-F: Cardiology consult for phone advice. Place HF consult in the AM to have the patient evaluated.
 - 11pm-7am initiate treatment and call for a consult in the AM
 - Weekends: HF consult not available Cardiology consult for advice

- Telemetry and pulse ox monitoring
- Supplemental O2 as needed
- 2000ml fluid restriction, no salt added diet
 - 1500ml fluid restriction if CKD patient
- Strict I/O documentation: please specifically communicate with nursing
- Daily patient weight
- Diuresis using inpatient furosemide algorithm with recommendations from Cardiology
 - Recommended IV diuretic dose is 2.5x usual home dose divided q 12 hours
 - Furosemide 40mg IV if no on diuretics
 - Furosemide max Single dose is 200mg
 - Bumetanide max Daily IV dose 10mg/day
- Echocardiography if new onset CHF or last Echo >6 months with worsening symptoms or CHF with associated renal insufficiency
- Heart failure nurse education program
 - Available 9am-5pm Monday-Friday
 - Pager 662-4800 #2474
 - Office 662-3228 (can leave a message to have patient seen in the AM)

CDU Disposition

Home-

- Acceptable VS
- Flat or low risk Troponins if obtained
- No new clinically significant arrhythmia
- Stable electrolyte profile
- Symptoms resolved or stable
- Consult agreement
- Adequate follow up plan
- Discharge medications
 - As per Cardiology and CHAT team

Admit-

- Unstable VS
- Symptoms not improved or worsening condition
- Unsuccessful diuresis
- Inability to arrange safe discharge plan
- Consult discretion
- Does not meet discharge criteria after 24-48 hours of treatment