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