

The Atlantic Provinces Medical Peer Review



Management of Specific Disease Entities – Cardiology #4

CONGESTIVE HEART FAILURE Cardiology/Family Medicine/Internal Medicine

It is important to note that these guidelines are meant to be of assistance to assessors in making observations. They should not be taken as standards of any of the Atlantic Provinces Licensing Authorities.

All patients with heart failure:

- documentation of clinical history and physical exam: symptoms, functional limitations, risk factors, prior cardiac illness, co-morbidities, drugs
- routine tests including CBC, ECG, chest X-ray, renal function, urinalysis, glucose, lipids, liver enzymes and thyroid function
- echocardiography recommended to assess ventricular and valvular function

Therapies:

- regular physical activity; no added salt diet; encourage daily morning weights
- referral to a cardiac rehabilitation program
- flu shot and pneumococcal vaccine

Drug Therapies:

- cardiovascular risk factors should be aggressively managed with appropriate drugs
- all patients with heart failure and Ejection fractions less than 40% should be on an ACE I with a beta blocker unless contraindications exist
- ARB's may be added to ACE I; ARB's should be used if ACE I is not tolerated
- supine and erect blood pressure monitoring should be done routinely in patients on combination therapy
- long-term monitoring of renal function needed with ACE I and ARB's
- loop diuretics recommended in patients with congestive symptoms
- electrolytes should be carefully monitored in patients on diuretics
- patients with chronic atrial fibrillation should be on Warfarin
- avoid use of NSAIDS, COA inhibitors, glitazones, dihydropridine CCB's

	N/A	E	S	D
Clinical history and physical exam are documented.				
It is evident that routine tests have been ordered and completed.				
Appropriate therapies are used and regularly reviewed.				

COMMENTS: _____
