• The diagnosis of heart failure exacerbation can be made on clinical signs and symptoms alone.

• An initial BNP measurement can help with the diagnosis of heart failure exacerbation or can be used to establish a baseline but it is not useful to follow serial BNP levels.

• An echo is not necessary for all patients with heart failure in the nursing home but should be considered for those in whom management would change based on its results.

• Torsemide has a higher bioavailability at equivalent doses to furosemide making it better for patients who have bowel wall edema, which can be seen during an acute HF exacerbation.

• Spironolactone should be started in patients with stage 3 and 4 heart failure with reduced ejection fraction who have a potassium less than 5 and a creatinine less than 2.5.

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