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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