OPTIMISTIC
TRANSFORMING CARE

OPTIMISTIC HF Exacerbation Protocol

Recommendations for Provider

Provider notified of change in condition and you suspect HF Exacerbation.

HF Exacerbation
New or Worsening Signs & Symptoms

- Unexplained weight gain within (3 lbs. in 24 hrs., 5lbs. in one week)
- Dyspnea or respiratory distress (>25 breaths/min)
- Orthopnea
- Paroxysmal nocturnal dyspnea
- Pulmonary crackles
- Peripheral bilateral edema
- JVD
- Ascites
- Anorexia
- Cold/ sweaty extremities
- Confusion

Initiate monitoring orders: vital signs 3 times daily throughout diagnosis and treatment periods, with daily weights and nursing assessments.

If hypoxemic, start oxygen with target O_2 Sat > 90%

Initiate or Enhance Treatment

Need systolic blood pressure > 90 mmHg and adequate peripheral perfusion
*Caution when starting or increasing diuretics in patients with diastolic HF.

1. Patients already on oral loop diuretic consider 2x the previous oral dose for up to 3 days

2. If not already on diuretic regimen, start on loop diuretic for up to 3 days:
   - ○ torsemide - 20 mg PO daily
   - ○ furosemide - 40 mg PO BID
   - ○ bumetanide - 1 mg PO daily

3. If patient is not adequately diuresed with the loop diuretic alone, consider other diuretic:
   - ○ metolazone 2.5 PO daily/ 1-2 times a week
   - ○ hydrochlorothiazide 25 mg PO daily
   - ○ Consider addition of aldosterone antagonist in patients with low or low-normal serum potassium:
     - spironolactone - 12.5 PO daily

Differential Diagnoses

- COPD
- Pneumonia
- Pulmonary embolism
- Pneumothorax
- Acute coronary syndromes
- Hypertensive urgency
- Arrhythmia

Tests to Consider

- CXR
- BNP
- CBC
- CMP
- EKG
- Echo

Certify for OPTIMISTIC enhanced billing using CMS criteria (see back)

Reevaluate within 24-72 hours. Is patient improving?

YES

- Re-evaluate and start on/modify (if needed) chronic HF management
- Review adherence to usual regimen
- Order routine weight checks
- Recommend smoking cessation
- Evaluate patient's daily sodium intake and recommend <2g/day
- Administer vaccinations per recommendation
  - ○ influenza and pneumococcal (both PSV-23 and PCV-13)
- Consider an aerobic physical conditioning regimen
- Facilitate advance care planning/POST conversation

NO

- If patient is on furosemide, consider switching to torsemide
- Consider alternate diagnosis
- Review overall goals of care and consider transfer to hospital

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Special Considerations

- Frequent electrolyte monitoring
- Potential for severe hypokalemia in patients on high dose of loop diuretics or a loop-thiazide combination
- Review patient's goals of care including POST form and hospitalization preferences

CMS Certification Criteria for HF

CHF exacerbation (up to 7 days)	**One or more of the following:** ☐ Chest X-ray confirmation of a ***new*** pulmonary congestion, edema, or bilateral pleural effusions. **OR Two or more of the following:** ☐ O2 sat level ≤ 92% on room air or on usual oxygen settings in patients with chronic O2 requirements. ☐ New or worsening pulmonary rales ☐ New or worsening edema ☐ New or increased jugulo-venous distension ☐ In the absence of renal failure, BNP ≥ 100 pg/ml or NTproBNP ≥900 pg/ml (GFR≤60 ml/min/1.73m^2) ☐ Weight gain of 3 lbs. or more in one day or 5 lbs. in one week.

These are recommendations from expert consensus and an extensive literature review, including the AMDA Clinical Practice Guidelines. In practice, use your clinical judgements for individual patient care.

http://optimistic-care.org/ The OPTIMISTIC Project is a long term care quality initiative of the Indiana University Center for Aging Research, Regenstrief Institute and Division of General Internal Medicine and Geriatrics and the University of Indianapolis Center for Aging & Community. Funding is provided through the Centers for Medicare and Medicaid Services.