LTC HEART FAILURE PROTOCOL

I. HF Identification

- Documented diagnosis of heart failure, any cardiac diagnosis, hypertension, or diabetes on admission history and physical
- Documented ejection fraction measured by two dimensional echocardiogram, post hospitalization discharge summary, or
- Any Minimum Data Set that triggers a need for assessment by documentation of a new diagnosis of heart failure (HF) for cardiomyopathy or presence of respiratory, cardiac, or functional decline
- If the facility utilizes Minimum Data Sets for Nursing Homes (MDS) 3.0, assessment using the tool should follow if positive responses are indicated in Sections E1A, G1 and G2; Section I g and I h; and Section J1 and J5 (Centers for Medicare and Medicaid, 2005).

The admission nurse would obtain an order to initiate the HF guideline for the long term care resident who meets any of the above criteria and add the resident to the scheduled interdisciplinary team meetings for care plan update. Place a heart sticker on their name band and a heart sticker on their medical chart.

II. Assessment

A. Registered Nurse (Baseline and every 4 weeks)

Admission assessment by a registered nurse using the Long Term Care (LTC) Heart Failure Assessment tool.

Review of medication on admission for the presence of orders for ACE Inhibitor and a Beta Blocker. If one or both of these medications are not present, provider to be notified the next business day. Medication titration protocols offered for new admissions.

Diuretic titration protocol offered to provider on new admissions with HF.

Assess for decline in the resident's functional status (ADL profile) and positive responses to questions in the dyspnea profile.

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- Compare ADL profile and dyspnea profile with previous totals at each assessment interval monitoring for longitudinal deterioration.
- Any positive response in dyspnea profile should trigger an immediate referral to the primary care provider for evaluation.

B. Certified Nursing Assistant (Daily)

- Weigh patient daily and record on Weight Tracking Chart
- Identify heart failure signs and symptoms using Heart Failure Pocket Card
- Notify the primary nurse if any signs or symptoms are present and provide current vital signs and the weight graphic.

III. Action If Symptoms Present:

- Perform the LTC Heart Failure Assessment tool and contact the primary care provider for evaluation of positive findings of possible heart failure exacerbation:
  - Respiratory effort
  - Bulging neck veins
  - Extremity edema
  - Auscultation of anterior and posterior breath sounds
  - Heart sounds listening for extra sounds and irregularity of rhythm.
- Vital signs (blood pressure, pulse, respiration, and pulse oximetry) and weight graphic should be available for the provider.
- Vital signs will continue to be monitored according to the primary provider's discretion or the long term care facility's procedure and policy.

IV. Interventions

1. Weight Monitoring

- Residents are placed on a daily weight regimen by the nursing staff.
- Weight is graphed on a weight graphic.
- Any weight gain of more than 3pounds triggers:
  1. An assessment using the LTC Heart Failure Assessment tool
  2. Vital signs with oxygen saturation
  3. Notification of the resident's primary care provider

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2. Dietary Management

Dietary measures to control the exacerbation of symptoms for patients with advanced HF:

* Use of herbal seasonings in lieu of salt to season foods should be encouraged
* Sodium restricted diet to two grams of sodium per day

3. Exercise

- Exercise should be encouraged in the stable heart failure patient within the limits of the severity of disease.
- The resident should be encouraged to carry out activities of daily living and leisure activities that do not induce symptoms

4. Education

- Patient and family education should be provided on topics related to heart failure including medication management and the purpose of a low salt diet.
- Smoking should always be discouraged.
- Patients and families should be taught the rationale for prescriber avoidance of nonsteroidal anti-inflammatory drugs and nursing staff should be alert to avoid administering them to residents with cardiovascular disease.

*These practice guidelines have been adapted from the Gerontological Nursing Interventions Research Center (GNIRC): http://www.nursing.uiowa.edu/excellence/nursing_interventions/

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