

# PHYSICIANS HEALTH CHOICE

PHYSICIANS HEALTH CHOICE GUIDELINES		
Title: Congestive Heart Failure Clinical Practice	Purpose: To provide a guideline for evaluation of outpatient management and risk factor reduction for members with CHF.	PAC Review/Approval Date:  QIC Approval Date:
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Medical Director Review: P. Terrence Nugent, MD		
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ASSESSMENT	RECOMMENDATION	COMMENTS
Physical Assessment	Assessment of co-morbidities	
Weight	Every routine visit	
Jugular Venous Pressure	Examine for neck vein distention at every visit	
Cardiac Gallop	Assess at each visit and auscultate the heart for a third sound	
Pulmonary System	Listen to lungs at each visit and assess for rales	
Peripheral Edema	Examine the patient for signs of edema at every visit	
Diagnostic Testing: Left Ventricular Ejection Fraction	Perform via echocardiography or other study to evaluate cardiac structure and function and repeat as clinically indicated.	

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MEDICATIONS	RECOMMENDATIONS	COMMENTS
ACE Inhibitors	<p>Prescribe to all patients with left-ventricular systolic dysfunction (EF &lt; 35 to 40%), unless contraindicated. Assess patient at each visit and review patient's self reported daily record.</p> <p><u>Contraindications:</u></p> <ol style="list-style-type: none"> <li>1. History of intolerance or adverse reactions to ACE inhibitors</li> <li>2. Serum potassium &gt; 5.5 mEq/L</li> <li>3. Symptomatic hypotension</li> <li>4. Shock</li> </ol>	
Diuretics	Add to drug therapy if patient is still symptomatic on ACE inhibitors	
Digoxin	May prescribe to patients with heart failure due to LV Function < 35 to 40% who are unresponsive to ACE inhibitors and diuretics	
Angiotensin II Receptor Blockers	Prescribe to patients with LV Function < 35-40% who cannot tolerate ACE inhibitors	
IMMUNIZATIONS	RECOMMENDATION	COMMENTS
Influenza Vaccination	Annually	See Preventive Health Guideline
Pneumococcal Vaccination	All adults 65 and older with competent immune systems	See Preventive Health Guideline
COUNSELING	RECOMMENDATION	COMMENTS
<p>Self-Management and Education Focus to include, but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Encourage the patient to use a diary to track weight and symptoms.</li> </ul>	<p>Every routine visit, conduct an assessment to evaluate patient's:</p> <ul style="list-style-type: none"> <li>• Status</li> <li>• Compliance</li> <li>• Nutrition and Exercise Regimen</li> <li>• Weight, and review of patient diary</li> </ul>	

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	<p>Annually to include:</p> <ul style="list-style-type: none"> <li>• Knowledge of disease</li> <li>• Self-Management Skills with proper nutrition and weight/symptom tracking</li> <li>• Review of treatment plan, progress, and revise with patient as needed.</li> </ul>	
Alcohol	Discourage alcohol use	
Low sodium diet	Advise patient to eliminate adding salt to food, or using salt while cooking. Sodium intake should be limited to < 2G/day.	
Activity and Exercise	<p>Encourage regular exercise, as tolerated. Counsel on recreation, leisure and work activity.</p> <p>Address sexual activity, sexual difficulties and coping strategies.</p>	
Smoking/Tobacco Use	<p>Each visit</p> <p>If smoking, or using smokeless tobacco advise patient to quit. If not contraindicated, prescribe nicotine replacement and/or refer to smoking cessation program.</p>	

**REFERENCES:**

ACC/AHA Task Force on Practice Guidelines, AHRQ