



CHF SNF CARE PATHWAY

6/24/14, Draft 1

CHF SUMMARY

- CHF affects significant amount of our population, 5.5 million
- Readmission rate is 25 % nationally
- 53% of CHF discharges to SNF are dead in one year
- 29.3% of discharges to home, die in one year
- Recent Echocardiogram(important to know status of heart function), Less than 35% is clinically significant.



CHF GOALS

- Estimate that 80% of CHF can be managed in SNF
- Three Treatment Groups
 - Mild CHF, treat in SNF
 - Acute Changes, want aggressive treatment, Transfer to hospital
 - Palliative Care, Do not want transfer, and desire to be treated in SNF



TREATMENT FOR MILD CHF

- Staff will use SBAR for communication as outlined by INTERACT
- Treat group includes:
 - O₂ sat 85 off O₂, or > 90 on oxygen
 - Respiratory Rate less than 25
 - Blood Pressure greater than 100, and less than 180
 - Weight gain greater than 5 pounds in one week, or 3 lbs in one day



TREATMENT PROTOCOL

- Notify MD, (use SBAR Communication)
- Call of STAT Chest x-ray
- Order stat labs, Renal panel
- Start on Oxygen 2 l/m via nasal cannula



DIAGNOSIS OF CHF CONFIRMED

- Renal panel is normal
 - Bumex .5 mg po for 3 days
 - Daily Weight, and evaluation
 - Accurate I&O
 - Fluid Restriction 1.5 liters daily
 - 2 gm Sodium Diet(No added Salt Diet)
 - Repeat Renal panel in 3 days
 - If no response of bumex, notify MD
 - Call MD/provider, if no weight loss, if any acute changes
 - Review medications, and if appropriate, consider adding spironolactone



AGGRESSIVE TREATMENT(DESIRE HOSPITALIZATION)

- O2 Sat less than 85%
- Respiratory rate, less than 10 or greater than 30
- BP less than 100
- Chest Pain
- ARRANGE FOR URGENT TRANSFER TO EMERGENCY ROOM
- Start on O2 at 2 l/m pending transfer
- Notify family



PALLIATIVE CARE GROUP

- Notify MD/Provider, and family of change in status
- MD to give treatment orders, and start protocol
- Supportive care
- Hospice Consult if Appropriate



CARE PLAN SUGGESTIONS FOR CHF

- Daily Weights for 30 days
- Obtain Echo results, Recognizing that lower EF(ejection fraction), less than 35 is significant, and with each decrease increasing risk of poor outcome(i.e. 20% or less)
- 2 gm sodium diet
- Renal panel weekly
- Medications may include
 - Ace/ARB, Beta-blocker, Diuretics



CHF CARE PLAN CONT.

- Accurate I&O, consider 1.5 liter fluid restriction
- If not improving consider cardiology consultation

