

STANDARD TREATMENT WORKFLOW (STW)

Heart Failure: A Breathless Patient

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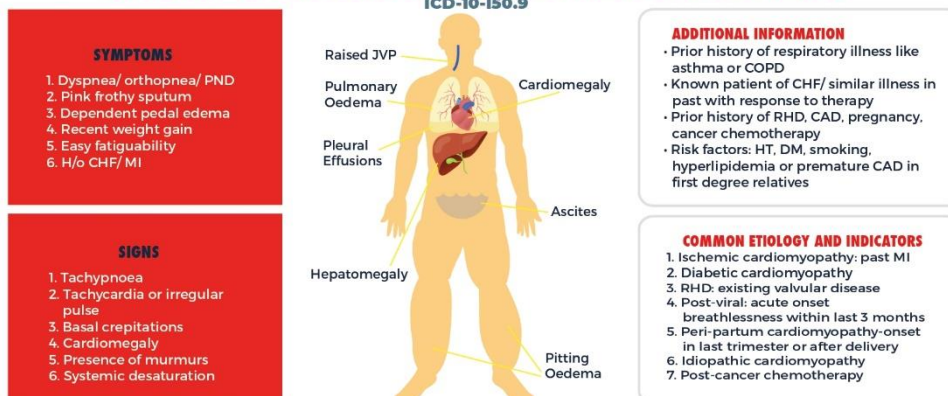
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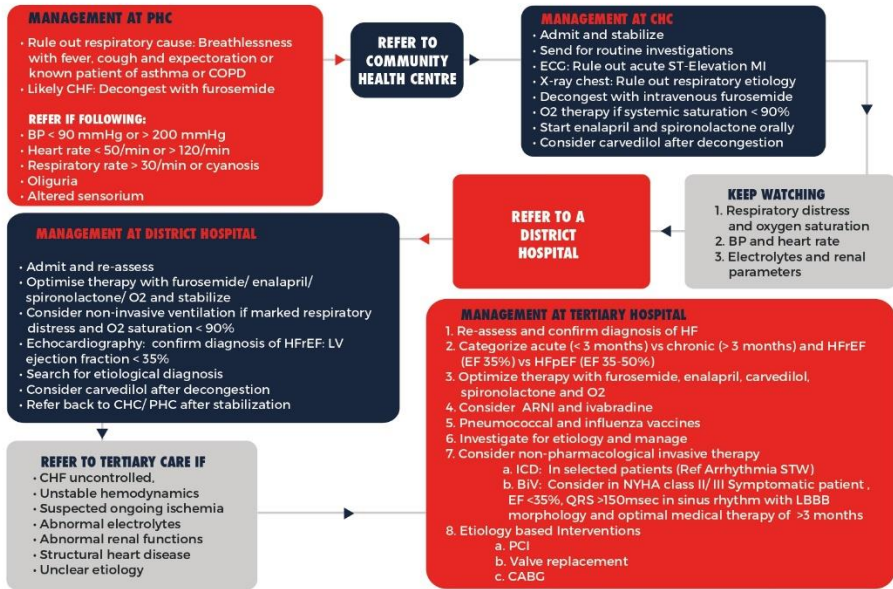
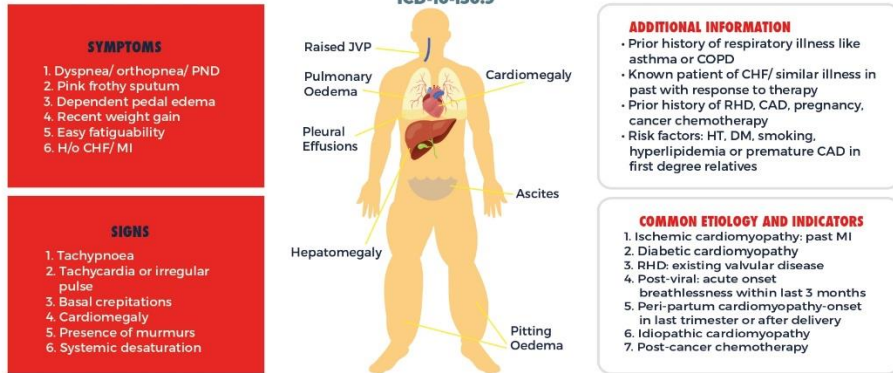


Standard Treatment Workflow (STW) for the Management of HEART FAILURE: A BREATHLESS PATIENT ICD-10-150.9



Standard Treatment Workflow (STW) for the Management of HEART FAILURE: A BREATHLESS PATIENT

ICD-10-I50.9



INVESTIGATIONS:				
BASIC INVESTIGATIONS	WHAT TO LOOK FOR IN X RAY	WHAT TO LOOK FOR IN AN ECG?	DESIRABLE INVESTIGATIONS	OPTIONAL INVESTIGATION
<ul style="list-style-type: none"> • Hemogram, ESR • Blood sugar • Urine examination • Urea/ Creatinine • Sodium/ Potassium • ECG • Chest X-ray PA view 	<ul style="list-style-type: none"> • Cardiomegaly • Pulmonary venous congestion • Pneumonia or other lung pathology 	<ul style="list-style-type: none"> • Pathological Q wave • Conduction abnormalities, especially LBBB • Chamber enlargement • Atrial fibrillation <p><i>Note: If ST elevation present, manage as STEMI</i></p>	<ul style="list-style-type: none"> • 2D Echocardiography • BNP/NT pro-BNP • Troponin • Lipid profile • Thyroid function test • Iron profile 	<ul style="list-style-type: none"> • Prolonged ECG monitoring • Coronary angiography • Radionuclide imaging • CT scan • MRI • PET • Myocardial biopsy • Electrophysiological study
COMMON DRUGS AND DOSAGE FOR CHF				
<p>FUROSEMIDE</p> <ul style="list-style-type: none"> • Dose 20-80 mg daily PO • Intravenous 10-40 mg SOS in acute stage • Change to oral when symptoms subside • Monitor serum electrolytes, creatinine and uric acid on therapy 		<p>CARVEDILOL</p> <ul style="list-style-type: none"> • Dose 3.125 to 25 mg twice daily PO • Start after decongestion with low dose with BP > 100 mmHg and HR > 60/min • Uptitrate dose 1-2 weekly till maximum tolerable dose • Keep watch on BP, heart rate and recitation of CHF symptoms • Increase diuretics and reduce carvedilol to manage reappearance of CHF 	<p>ENALAPRIL</p> <ul style="list-style-type: none"> • Dose 2.5 to 10 mg twice daily PO • Start with low dose with BP > 100 mmHg, normal electrolyte and creatinine less than 2.5 mg/dl • Uptitrate dose 1-2 weekly till maximum tolerable dose • Keep watch on BP and electrolytes before every increment and on follow-up 	
<p>SPIRONOLACTONE</p> <ul style="list-style-type: none"> • Dose 25-50 mg once daily PO • Keep watch on serum potassium and creatinine every 2-4 weekly 				
KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES				
<p>ABBREVIATIONS</p> <p>ICD: Implantable Cardioverter defibrillator BIV: Bi-Ventricular Pacing PND: Paroxysmal Nocturnal Dyspnea</p>		<p>PCI: Percutaneous Coronary Intervention CABG: Coronary Artery Bypass Graft CVD: Cardiovascular Diseases RHD: Rheumatic Heart Disease CAD: Coronary Artery Disease</p>		<p>HFpEF: Heart Failure with preserved Ejection Fraction HFREF: Heart Failure with reduced Ejection Fraction STEMI: ST elevation Myocardial Infarction LV: Left Ventricle COPD: Chronic Obstructive Pulmonary Disease</p>

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This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (stw.icmr.org.in) for more information.
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