Heart Failure Management Guide

Comprehensive Care for Skilled Nursing Facilities

1. Introduction

Congestive Heart Failure (CHF) is a leading cause of morbidity and hospital readmission in older adults. Skilled nursing facilities (SNFs) play a critical role in post-acute care management, helping patients stabilize, recover, and prevent further deterioration.

2. Core Goals of Heart Failure Management in SNFs

- Improve symptoms and functional capacity
- Prevent hospital readmissions
- Promote medication adherence
- Manage comorbidities and complications
- Support patient and caregiver education

3. Assessment and Monitoring

Initial Assessment

- Vitals: BP, HR, RR, temperature, oxygen saturation
- Weight trends: Daily measurements, monitor for 2-3 lb changes
- Fluid status: Assess for edema, JVD, lung sounds
- Symptoms: SOB, orthopnea, fatigue, cough, PND
- Labs: BNP/proBNP, electrolytes, renal function, CBC

Ongoing Monitoring

- Weight and vitals daily
- I/O tracking for fluid balance
- Monitor for side effects of medications
- Adjust diuretics based on status

4. Pharmacologic Management

Core Medications

- Loop Diuretics (e.g., furosemide): symptom relief
- Beta-blockers (e.g., carvedilol, metoprolol succinate): mortality benefit
- ACE inhibitors / ARBs / ARNIs: cardiac remodeling, BP control
- Aldosterone antagonists (e.g., spironolactone): advanced cases

Titration and Monitoring

- Monitor renal function and potassium
- Start low and go slow with titration
- Ensure medication reconciliation upon transfer

5. Non-Pharmacologic Management

- Sodium restriction: <2g/day
- Fluid restriction: <1.5-2L/day if volume overloaded
- Physical activity: Encourage mobility as tolerated
- Daily weights: Track trends for early intervention
- Oxygen therapy: If hypoxemic

6. Care Coordination and Communication

- Communicate closely with cardiologist and primary care
- Provide handoff updates during transitions of care
- Educate staff on early signs of decompensation
- Family involvement in care planning

7. Advanced Care Planning

- Discuss goals of care upon admission
- Document advance directives and code status
- Consider palliative care involvement for end-stage CHF

8. Patient and Caregiver Education

- Explain CHF as a chronic, manageable condition
- Teach warning signs: weight gain, increased SOB, swelling
- Review medications, dietary restrictions, and daily routines

9. Red Flags: When to Escalate Care

- Acute weight gain >3 lbs in 24 hours
- New or worsening SOB
- Confusion, hypotension, dizziness
- Decreased urine output
- Chest pain or arrhythmias

10. Resources and References

- American Heart Association (AHA) Heart Failure Guidelines
- SNF-specific CHF pathways or protocols
- Telehealth and remote monitoring tools

This guide is intended to support clinical judgment and should be used in conjunction with individualized patient care plans.

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This diagram represents the cycle of heart failure management, including assessment, intervention, monitoring, and patient education. Infographics and digital pathways can be integrated into your EHR or care protocols.