



# Heart Failure

- Stage C Prior or Current Symptoms
- Stage D Symptoms at rest or minimal exertion

Revised NY Heart Association Classification

### CARDIAC STATUS

- Class 1 Uncompromised  
 Class 2 Slightly compromised  
 3 Moderately compromised  
 4 Severely compromised

### CARDIAC PROGNOSIS

- Class 1 Good  
 Class 2 Good with therapy  
 3 Fair with therapy  
 4 Guarded despite therapy

PATIENT NAME: \_\_\_\_\_  
 AGE: \_\_\_\_\_  
 MEDICAL RECORD # \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 TEAM: \_\_\_\_\_

Check Appropriate Period - Add Beginning Data

Certification \_\_\_\_\_

Re-Certification \_\_\_\_\_

**Presence of the following medical findings support terminality. Clinical judgment must always be considered.**

1. Symptoms and signs of heart failure at rest or with minimal exertion.

SYMPTOMS	SIGNS
<input type="checkbox"/> Dyspnea at rest (short winded, can't breathe)	<input type="checkbox"/> Diaphoresis (sweating)
<input type="checkbox"/> Dyspnea on exertion (can't breathe with exercise)	<input type="checkbox"/> Cardiac Cachexia (profound weight loss)
<input type="checkbox"/> Orthopnea (can't breathe lying down)	<input type="checkbox"/> Jugulovenous Distension (JVD)
<input type="checkbox"/> Paroxysmal nocturnal dyspnea (PND) (waking up at night short of breath)	<input type="checkbox"/> Rales (wet crackles in lungs heard on inspiration)
<input type="checkbox"/> Syncope	<input type="checkbox"/> Gallop Rhythm (S3, S4)
<input type="checkbox"/> Profound Fatigue/Weakness	<input type="checkbox"/> Liver Enlargement
<input type="checkbox"/> Chest pain/Angina	<input type="checkbox"/> Edema, Pitting Edema
	<input type="checkbox"/> Cannot perform most ADLs

2. Has the physician verified that the patient is on optimal diuretic, Beta-Blockers, ACEI Therapy  Yes  No

Warning - Avoid Abrupt Withdrawal of ACEI and Beta Blockers

#### A. Diuretics (Salt Restriction, Fluid Restriction) Weight \_\_\_\_\_

- Furosemide (Lasix)  Torsemide (Demedex)
- Bumetanide (Bumex)  Metolazone (Zaroxolyn, Mykrox) May be combined with other meds but not used alone

#### B. Angiotensin Converting Enzyme (ACE) Inhibitor

- Captopril (Capoten)  Quinapril (Accupril)  Enalapril (Vasotec)  Ramipril (Altace)
- Fosinopril (Monopril)  Lisinopril (Prinivil Zestril)  Trandolapril (Mavik)

Medical reason for refusing drugs/relative or absolute contraindication  Hypotension (Systolic <80)

- Creatinine >2.0 - 2.5 mg/dl  Hyperkalemia >5  Hyponatremia <133  Angioedema  Cough
- High Potassium foods/Supplements  Dehydration  Diarrhea  Other

**OR**

#### ARB- Angiotensin Receptor Blockers

- Candesartan (Atacand)  Valsartan (Diovan)
- Losartan (Cozaar)

Medical reason for refusing drugs/relative or absolute contraindication  Hypotension (Systolic <80)  Creatinine >2.0 - 2.5 mg/dl

- Hyperkalemia >5  Angioedema  Cough  High Potassium foods/Supplements  Dehydration  Diarrhea  Other

#### C. Beta Blockers

- Carvedilol (Coreg)  Bisoprolol (Zebeta)  Metoprolol Succinate (Toprol XL)

Medical reason for refusing drugs/relative or absolute contraindication

- Hypotension (Systolic BP <80)  Bradycardia or Heart Block  Fluid overload  Dehydration  Bronchospasm  Fatigue  Other

D. Vasodilators - May Improve Dyspnea

- Nitrates - Nitro patch, Imdur, Isorbide Mononitrate (Isordil). Can minimize nitrate tolerance with 10 hours off interval and combining with ACEI or Hydralazine

- Hydralazine and Isosorbide Dinitrate when unable to tolerate ACEI or Beta Blockers and Stage C Heart Failure

Medical reason for refusing drugs/contraindication  Headache  Hypotension  Gastrointestinal

E. Digoxin  Digoxin (Therapeutic Digoxin level 0.5 - 1.0 ng/cc) Digoxin level \_\_\_\_\_

Increase Digoxin toxicity with Hypokalemia, Hypothyroidism, Hypomagnesemia

Digoxin level can increase with Erythromycin, Amiodarone, Verapamil, Quinidine, Itraconazole.

High risk with low lean body mass, Elderly, Renal impairment, Female gender. Post MI, ongoing Ischemia.

F. Aldosterone Antagonists - Only in combination with loop Diuretic

- Spironolactone (Aldactone)  Eplerenone ( Inspra)

Medical reason for refusing drugs/relative or absolute contraindication: Diarrhea, Dehydration, Potassium Supplements Increase risk of Hyperkalemia with renal Impairment (i.e. serum creatinine > 2.0; Potassium >5.0; concomitant use of ACEI & NSAIDS drugs

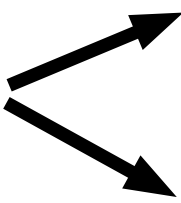
3. Prevention of thromboembolic events

- ASA (May interfere with ACEI)  Warfarin (Coumadin) - PT - INR (See Flow Sheet)  Plavix (Clopidogrel)

4. The following factors are further indications of decreased survival time; **check all that apply**

- Decreased ejection fraction \_\_\_\_\_
- Elevated (BNP) Brain Natriuretic Peptide \_\_\_\_\_
- Valvular heart disease:  Mitral  Aortic  Tricuspid  Pulmonary
- Symptomatic supraventricular or ventricular arrhythmias resistant to antiarrhythmic therapy
- History of cardiac arrest and resuscitation in any setting  History of syncope of any cause, cardiac or otherwise
- Cardiogenic brain embolism (i.e. embolic CVA of cardiac origin)  Concomitant HIV disease
- Atrial Fibrillation  Anemia

5. Heart Failure with normal EF/Stage C Symptoms



- Comorbidities or Rapid decline
  - DM  PVD
  - Renal Dysfunction  Obesity
  - Metabolic Syndrome  HTN
  - Cerebral Vascular Disease  CAD
- Documentation
  - LVH  Aortic Sclerosis
  - Dilated Atrium  Mitral Annular Calcification

Devices - Company and year implanted

- Single/dual chamber pacemaker  Biventricular Pacing for Cardiac Resynchronization Therapy (CRT)
- Implantable Cardiac Defibrillator (ICD) Not indicated for Stage D Heart Failure Deactivated  Yes  No Date \_\_\_\_\_

NARRATIVE SUMMARY OF PROGNOSIS DOCUMENTATION  
*Documentation should be complete, consistent, concise, specific, measurable and descriptive*

PALLIATIVE PERFORMANCE SCALE

100	90	80	70	60	50	40	30	20	10	0
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DIAGNOSIS: Present underlying illness(es) affecting the terminal diagnosis (include co-morbidity):

History of progression of the illness (es) and physical baseline-admission/charges-recert (e.g. weight and weight change, Vital Signs, heart rhythms, rales, degree of edema):

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Factor(s) outside of Medical Guidelines influencing terminality (Summary of patient's condition stating why there is a life expectancy of six (6) months or less – may include physician comments (e.g., patient depressed, will not eat, and does not want anything done, or has had optimal therapy for illness):

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Laboratory/Diagnostic Studies (if pertinent): \_\_\_\_\_  
Date/Location Last Hospitalized \_\_\_\_\_  
Physician Certification/Recertification \_\_\_\_\_  
RN Signature \_\_\_\_\_ Date: \_\_\_\_\_