

HEART FAILURE CLINICAL PATHWAY

QEH/HH PCH KCMH Souris
 Western Stewart Memorial O'Leary

PATIENT ID

INCLUSION CRITERIA

Primary admitting diagnosis is Congestive Heart Failure as defined by New York Heart Association.

EXCLUSION CRITERIA

Patients under 18 years of age.

HOW TO USE THE CLINICAL PATHWAY

1. This is a proactive tool to avoid delays in treatment and discharge.
These are not orders, only a guide to usual orders.
2. Place the Clinical Pathway in the nurses clinical area of the chart. All health care professionals should fill in the master signature sheet at the front of the Pathway. Addressograph/sticker each page of the Pathway.
- 3 **HEALTH CARE PROFESSIONALS:** Initial tasks as completed.
Bulleted and shaded sections do not need to be signed for on the pathway, but are to serve as a reminder for consideration and to be completed as required. Additional tasks due to patient individuality can be added to the pathway in "OTHER" boxes and/or Progress Notes.
- 4 **PATIENT TRANSFERS:** If patient is transferred to another hospital in PEI or to home care or long-term care facility, send a copy of the following to the receiving site/agency:
 - Discharge Criteria - Original to stay on patient chart
 - Teaching Checklist - Copy with patient in education packet
- Original to stay on patient chart

ONE ISLAND FUTURE

ONE ISLAND HEALTH SYSTEM

HEART FAILURE CLINICAL PATHWAY Acute Stage

PATIENT ID _____

COMORBID CONDITIONS: _____

PROCESS	PHASE 1 <i>(Approximately 2 days)</i>	DATE			DATE			
		DATE MET	INITIAL	night	day	evening	night	day
PATIENT OUTCOMES	Improvement of oxygenation - <5L O ₂ required by prongs:35% by mask							Once all Patient Outcomes are achieved, move to Phase 2
	Weight decreased since admission							
	Respiratory rate <30							
	Improvement of crackles in lungs							
	Tolerates activity level 2 or pre-admission activity level							
	Absence of unstable arrhythmias							
	Absence of chest pain							
	Patient reports improvement of dyspnea							
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VS Q4H & PRN X 24H, including SpO ₂							
	QID X 24H, including SpO ₂							
	Chest assessment							
	Cardiac Monitor if ordered	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
	Monitor intake and output (24 hours)							
	Peripheral edema (Chart below)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Daily weight, discuss with patient- Document	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<ul style="list-style-type: none"> ● Mental status (time, place, person) ● Assess anxiety and intervene if necessary 							
CONSULTS	Clinical Dietician	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
	Pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						

ASSESSMENT OF PITTING EDEMA			
2mm or less = 1 + Edema	2-4mm = 2 + Edema	4-6mm = 3 + Edema	6-8mm = 4 + Edema
<ul style="list-style-type: none"> ✓ Slight pitting ✓ No visible distortion ✓ Disappears rapidly 	<ul style="list-style-type: none"> ✓ Somewhat deeper pit ✓ No readily detectable distortion ✓ Disappears in 10-15 seconds (2-4 mm indent) 	<ul style="list-style-type: none"> ✓ Pit is noticeably deep ✓ May last more than 1 minute ✓ Dependent extremity looks fuller and swollen (4-6mm) 	<ul style="list-style-type: none"> ✓ Pit is very deep ✓ Lasts as long as 2-5 minutes ✓ Dependent extremity is grossly distorted (6-8mm)
Assessment Chart for Pitting Edema adapted from the Guelph General Hospital Congestive Heart Failure Pathway			



ONE ISLAND FUTURE

ONE ISLAND HEALTH SYSTEM

Heart Failure

PATIENT ID

PROCESS	PHASE 1 (Approximately 2 days) ADMISSION - ACUTE	DATE			DATE			
		night	day	evening	night	day	evening	
DIAGNOSTIC LABORATORY	Chest X-Ray on admission (next morning if after hours)	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	2D Echocardiogram, if ordered	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
	● ECG if ordered							
	● ECG with chest pain, notify physician							
	● Blood work as ordered							
● Cardiac markers								
MEDICATIONS	Medication reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No						
TREATMENTS/ INTERVENTIONS	● Intermittent set / IV as ordered, reassess day 2							
	Oxygen to keep SpO2 88-92 or as ordered							
	● Assist personal hygiene							
NUTRITION	● Heart healthy Diet, 2000mg Na							
	● Fluid restriction if ordered							
MOBILITY/ACTIVITY	Up to Level 2 as tolerated by patient							
	Activity Level 1	bed rest	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		bed side commode privilege if stable	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		feed self	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		assisted bath	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		ankle/foot exercises	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		deep breathing/coughing, calf pumping	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Activity Level 2	sit up for 20 mins TID	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		bathroom privileges	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
PSYCHOSOCIAL SUPPORT/ EDUCATION	Introduce Patient Pathway	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Start Teaching Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Give Patient and/or Family Education Material	<input type="checkbox"/> Yes <input type="checkbox"/> No						
DISCHARGE PLANNING	● Assess Discharge Criteria daily							
	● Discuss Discharge Plan with Patient and Family							



ONE ISLAND FUTURE

ONE ISLAND HEALTH SYSTEM

HEART FAILURE CLINICAL PATHWAY Acute Stage

PATIENT ID _____

PROCESS	PHASE 2 <i>(Approximately 2 days)</i>	DATE			DATE			DATE				
		DATE MET	INITIAL	night	day	evening	night	day	evening	night	day	evening
PATIENT OUTCOMES	Absence of crackles in the lungs											
	Off supplemental oxygen or on usual O ₂ if on chronic home oxygen											
	SpO ₂ on room air >90%											
	Activity level 3 or return to pre-hospital level											
	Understands diagnosis and discharge plan											
Once all Patient Outcomes are achieved, move to Discharge Criteria												
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VS BID and PRN once stable, including SpO ₂											
	Chest assessment											
	Assess for edema (see chart below)											
	Daily weight, discuss with patient and document											
	Other:											
CONSULTS	Home O ₂ therapy referral, as needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A										
DIAGNOSTICS/ LABORATORY	Repeat Chest X-ray if ordered	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A										
	<ul style="list-style-type: none"> ● Blood work as ordered ● ABG'S if new home O₂ patient 											
MEDICATIONS	Preview discharge medication sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No										

ASSESSMENT OF PITTING EDEMA			
2mm or less = 1 + Edema	2-4mm = 2 + Edema	4-6mm = 3 + Edema	6-8mm = 4 + Edema
<ul style="list-style-type: none"> ✓ Slight pitting ✓ No visible distortion ✓ Disappears rapidly 	<ul style="list-style-type: none"> ✓ Somewhat deeper pit ✓ No readably detectable distortion ✓ Disappears in 10-15 seconds (2-4 mm indent) 	<ul style="list-style-type: none"> ✓ Pit is noticeably deep ✓ May last more than 1 minute ✓ Dependent extremity looks fuller and swollen (4-6mm) 	<ul style="list-style-type: none"> ✓ Pit is very deep ✓ Lasts as long as 2-5 minutes ✓ Dependent extremity is grossly distorted (6-8mm)
Assessment Chart for Pitting Edema adapted from the Guelph General Hospital Congestive Heart Failure Pathway			



ONE ISLAND FUTURE

ONE ISLAND HEALTH SYSTEM

Heart Failure

PATIENT ID

PROCESS	PHASE 2 (Approximately 3 days) MAINTENANCE	DATE			DATE			DATE		
		night	day	evening	night	day	evening	night	day	evening
TREATMENTS/ INTERVENTIONS	<ul style="list-style-type: none"> Discontinue IV therapy/saline lock as ordered 									
	<ul style="list-style-type: none"> Assist with personal hygiene ,as necessary 									
NUTRITION	<ul style="list-style-type: none"> Heart healthy Diet, 2000mg Na Fluid restriction if ordered Other: _____ 									
MOBILITY/ACTIVITY	Activity Level 3 as tolerated:	Up In Room Ad Lib	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Sit Up For Meals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Shower	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Walk In Hall	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PSYCHOSOCIAL SUPPORT/ EDUCATION	Review Patient Pathway									
	<ul style="list-style-type: none"> Continue/Complete Teaching Checklist Review handouts Assess patient knowledge/answer questions 									
DISCHARGE PLANNING	Assess Discharge Criteria daily	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
	Review Discharge Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
	Review Activity Levels For home	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
	Assess needs for discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
	Consider Cardiac Rehab or Referral to Heart Failure Clinic. Secure Physician Order	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
	Review Discharge Plans With patient/family	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								



ONE ISLAND FUTURE

ONE ISLAND HEALTH SYSTEM

**HEART FAILURE
CLINICAL PATHWAY
Acute Stage**

PATIENT ID

PROCESS	DISCHARGE CRITERIA	DATE	INITIAL	N/A
PERFORMANCE INDICATORS	ACE Inhibitor prescribed at discharge			
	Beta Blocker prescribed at discharge			
	Warfarin prescribed at discharge for atrial fibrillation			
	Weight measured each day of hospitalization			
	Echocardiogram completed			
	Smoking cessation advice counselling completed			
	Discharge Instructions Re: discharge medications, salt/fluid restriction, daily weights, symptoms of worsening HF, follow-up appointment			
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	Improvement of peripheral edema since admission			
	Respiratory rate improved since admission			
	No chest pain or pain from dyspnea			
	Weight decreased since admission			
	Blood pressure within stable limits for individual			
CONSULTS				
DIAGNOSTICS/ LABORATORY	Electrolytes within normal limits			
	Stable renal function - Creatinine <220			
MEDICATIONS	Off inotropes for 48 hours			
	Oral medications stable for 24 hours			
	Patient verbalizes understanding of medications			
	Determine if patient is able to pay for necessary medications post-discharge			
	Discharge medication list reviewed, copy to patient			
NUTRITION	Patient verbalizes understanding of Heart Healthy Diet, salt and fluid restrictions			
MOBILITY/ACTIVITY	Patient tolerates Level 3 Activity (No dyspnea or dizziness)			
PSYCHOSOCIAL SUPPORT/ EDUCATION	Patient verbalizes the Importance of Daily Weights			
	Patient verbalizes the symptoms of worsening Heart Failure and when to call Physician/Clinic/Come to the hospital			
	Education materials and patient pathway home with patient			
	Teaching checklist complete			
	Patient questions answered			
DISCHARGE PLANNING	Follow up appointments with: <input type="checkbox"/> Family Physician, <input type="checkbox"/> Cardiac rehab, <input type="checkbox"/> Heart Failure clinic, <input type="checkbox"/> Internist/Cardiologist			



ONE ISLAND FUTURE

ONE ISLAND HEALTH SYSTEM