

TABLES FOR HEART FAILURE CLINICAL PROCESS GUIDELINES

Table 1 -- Signs That Suggest Heart Failure

- Tachycardia
- Third heart sound (S3)
- Increased jugular venous pressure
- Positive hepatjugular reflux
- Bilateral rales
- Peripheral edema not due to venous insufficiency
- Laterally displaced apical impulse
- Weight gain

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Table 2 -- Symptoms That Suggest Heart Failure

- Dyspnea on exertion
- Dyspnea at rest
- Orthopnea
- Paroxysmal nocturnal dyspnea
- Fatigue
- Decreased exercise tolerance
- Unexplained cough, especially at night
- Acute confusional state, delirium
- Abdominal symptoms (nausea, abdominal pain or distention)
- Decreased food intake
- Decline in functional status

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Table 3 -- Risk Factors for Heart Failure

- Coronary artery disease (angina or myocardial infarction)
- Chronic hypertension
- Idiopathic dilated cardiomyopathy
- Valvular heart disease (e.g., mitral regurgitation, aortic stenosis)
- Other cardiomyopathy (e.g., sarcoidosis)
- Arrhythmia (e.g., sarcoidosis)
- Anemia
- Fluid volume overload with noncardiac causes
- Thyroid disease (hypo- or hyperthyroidism)

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Table 4 -- New York Association Functional Classification

Class I -- No limitations of physical activity. No shortness of breath, fatigue, or heart palpitations with ordinary physical activity.

Class II -- Slight limitation of physical activity. Shortness of breath, fatigue, or heart palpitations with ordinary physical activity, but patients are comfortable at rest.

Class III -- Marked limitation of activity. Shortness of breath, fatigue, or heart palpitations with less than ordinary physical activity, but patients are comfortable at rest.

Class IV -- Severe to complete limitation of activity. Shortness of breath, fatigue, or heart palpitations with any physical exertion and symptoms appear even at rest.

Table 5 -- Reversible Etiologies of Heart Failure

- Arrhythmia (e.g., atrial fibrillation)
- Pulmonary embolism
- Accelerated or malignant hypertension
- Thyroid disease (hypo- hyperthyroidism)
- Valvular heart disease
- Unstable angina
- High output failure
- Renal failure
- Medication-induced problems
- High salt intake
- Severe anemia

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Table 7 -- Medications for Treating Systolic Dysfunction

ACE inhibitors (ARBs if ACE inhibitor-intolerant)
Diuretics
Digoxin
Beta-blockers
Aldosterone antagonists (in selected patients)

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Table 15 -- Medication Options for Treating Diastolic Dysfunction

Diuretics
Nitrates
Calcium-channel Blockers
Beta-blockers
ACE inhibitors

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