HOME HEALTH DIURETIC PROTOCOL FOR HEART FAILURE

NOTE: Protocol is for heart failure patients receiving home health telemonitoring services

To be used in conjunction with the Home Health Diuretic Protocol Standing Order

INTAKE ASSESSMENT
Vital Signs, weight, oximetry
Review of fluid, sodium restrictions
Medication Reconciliation (No NSAIDs)
Patient education using TeachBack
Methodology and MH Tools
Draw baseline BMP if not drawn within previous 24 hours with results available

DAY 1

† EVIDENCE OF VOLUME OVERLOAD:
New tachycardia
New dyspnea, orthopnea, tachypnea
Decreased oxygen saturation
New or increased rales
New or increased peripheral edema
Early satiety, abdominal bloating

‡ UNSTABLE VITAL SIGNS:
RR>30 or respiratory distress,
SBP <90 or >180
Resting HR <50 or >100,
or Significant change from patient’s baseline

§ ONGOING MONITORING:
Vital signs, weight, oximetry,
telemonitoring, patient & family education, care coordination

DAILY WEIGHT MEASUREMENT
Weight gain of 2 lbs in 24 hours or 5 lbs in one week

Assess for Evidence of volume overload †
Draw labs: BMP, Mg++

No evidence of volume overload OR
Evidence of volume overload †
But stable vital signs, no chest pain,
no new dysrhythmia or coexisting illness

Assess for treatable causes: dietary indiscretion, over exertion, medication non-compliance or changes. Patient education as needed.

Evidence of volume overload †
With unstable vital signs ‡,
Chest pain,
New dysrhythmia or coexisting illness

Immediate provider consult or hospital referral

DAY 2

Check Lab Results* ‡
Back to baseline weight
Symptoms resolved

Draw labs: BMP, Mg++ (STAT)
Resume previous medication dosages
Ongoing monitoring §
Notify provider

Weight not back to baseline or weight increased
but symptoms unchanged
Stable vital signs & exam

Repeat double dose of diuretic
Add Metolazone* (Zaroxolyn) 2.5mg with each dose
*Metolazone to be taken 30-60 minutes prior to diuretic dose*
Draw lab: BMP, Mg++ (STAT)
Recheck vital signs at 6 and 24 hours

Immediate provider consult or hospital referral

DAY 3

Check Lab Results* ‡
Back to baseline weight
Symptoms resolved

Draw labs: BMP, Mg++ (STAT)
Resume previous medication dosages
Ongoing monitoring §
Notify provider

Weight not back to baseline or weight increased
but symptoms unchanged
Stable vital signs & exam

Administer diuretic IV push via venous access per medication chart
HOLD oral dose of diuretic if not yet taken
Draw labs: BMP, Mg++ (STAT)
Recheck vital signs at 6 hrs & 24 hrs
(if usual oral does is BID then administer IV dose BID)
Remove IV access, after medication administration

Monitor patient for 30 minutes after IV administration

Immediate provider consult – (Provider may order IV diuretic if indicated)
Hospital referral

DAY 4

Check Lab Results* ‡
Back to baseline weight
Symptoms resolved

Draw labs: BMP, Mg++ (STAT)
Resume previous medication dosages
Ongoing monitoring §
Notify provider

Not back to baseline weight or progressive symptoms or unstable vital signs ‡ or worsening exam

Immediate provider consult or hospital referral

Notify provider if labs abnormal
I If K+ less than 3.5 give 40 mEq potassium; if patient on daily potassium, max dose: 60 mEq

This protocol is being utilized for KCMPA patients with the permission of MaineHealth