HOME HEALTH DIURETIC PROTOCOL FOR HEART FAILURE

NOTE: Protocol is for heart failure

INTAKE ASSESSMENT

Vital Signs, weight, oximetry

patients receiving home health Review of fluid, sodium restrictions telemonitoring services Medication Reconciliation (No NSAIDs) Patient education using TeachBack Methodology and MH Tools To be used in conjunction with the Home Draw baseline BMP if not drawn within previous Health Diuretic Protocol Standing Order 24 hours with results available DAY 1 DAILY WEIGHT MEASUREMENT Weight gain of 2 lbs in 24 hours or 5 lbs in one week † EVIDENCE OF VOLUME OVERLOAD: New tachycardia Assess for Evidence of volume overload † New dyspnea, orthopnea, tachypnea Draw labs: BMP, Mg++ Decreased oxygen saturation New or increased rales New or increased peripheral edema No evidence of volume overload OR Evidence of volume overload † Early satiety, abdominal bloating Evidence of volume overload † With unstable vital signs ‡, But stable vital signs, no chest pain, Chest pain, no new dysrhythmia or coexisting illness New dysrhythmia or coexisting **‡ UNSTABLE VITAL SIGNS:** illness RR>30 or respiratory distress, SBP <90 or >180 Assess for treatable causes: dietary Resting HR <50 or >100, or indiscretion, over exertion, medication Significant change from patient's Immediate provider consult non-compliance or changes. Patient baseline or hospital referral education as needed. § ONGOING MONITORING: Increase dose of diuretic per medication chart Vital signs, weight, oximetry, Recheck vital signs at 6 and 24 hours telemonitoring, patient & family Fluid restriction 1500 mL, 2 gram Na+ diet education. care coordination Notify provider (if BID then increase BID, not just one dose) DAY 2 Weight not back to baseline or Progressive symptoms Check Lab weight increased or unstable vital signs ‡ Results* II but symptoms unchanged or worsening exam Stable vital signs & exam regardless of weight Back to baseline weight change Symptoms resolved Repeat double dose of diuretic Add Metolazone* (Zaroxolyn) 2.5mg with each dose Draw labs: BMP, Mg++ (STAT) Immediate provider consult *Metolazone to be taken 30-60 minutes Resume previous medication dosages or hospital referral prior to diuretic dose' Ongoing monitoring § Draw lab: BMP, Mg++ (STAT) Notify provider Recheck vital signs at 6 and 24 hours DAY 3 Progressive symptoms Weight not back to baseline or weight increased Check Lab or unstable vital signs ‡ but symptoms unchanged Results* II Stable vital signs & exam or worsening exam regardless of weight Back to baseline weight change Administer diuretic IV push via venous access per Symptoms resolved medication chart HOLD oral dose of diuretic if not yet taken Immediate provider Draw labs: BMP, Mg++ (STAT) consult - (Provider may Draw labs: BMP, Mg++ (STAT) Recheck vital signs at 6 hrs & 24 hrs order IV diuretic if indicated) Resume previous medication dosages (if usual oral does is BID then administer IV dose BID) Ongoing monitoring § Remove IV access. after medication administration Notify provider Hospital referral Monitor patient for 30 minutes after IV administration DAY 4 Check Lab Results* II Not back to baseline weight or Back to baseline weight * Notify provider if labs abnormal progressive symptoms or unstable vital Symptoms resolved signs ‡ or worsening exam II If K+ less than 3.5 give 40 mEq potassium; if patient on daily Draw labs: BMP, Mg++ (STAT) Immediate provider consult potassium, max dose: 60 mEq Resume previous medication dosages or hospital referral Ongoing monitoring § Notify provider

This protocol is being utilized for KCMPA patients with the permission of MaineHealth MaineHealth. (2013). Mainehealth home diuretic protocol. Retrieved from http://www.mainehealth.org/home-diuretic