

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

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.

Increase dose of diuretic per medication chart
 Recheck vital signs at 6 and 24 hours
 Fluid restriction 1500 mL, 2 gram Na⁺ diet
 Notify provider
 (if BID then increase BID, not just one dose)

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

Immediate provider consult or hospital referral

† **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

DAY 2

Check Lab Results* II

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

Progressive symptoms
 or unstable vital signs ‡
 or worsening exam
 regardless of weight change

Immediate provider consult or hospital referral

DAY 3

Check Lab Results* II

Back to baseline weight
 Symptoms resolved

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

Progressive symptoms
 or unstable vital signs ‡
 or worsening exam
 regardless of weight change

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

Hospital referral

Monitor patient for 30 minutes after IV administration

DAY 4

Check Lab Results* II

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**

II **If K⁺ less than 3.5** give 40 mEq potassium; if patient on daily potassium, max dose: 60 mEq