

CLINICAL GUIDELINES	Guideline up for revision
<p><b>Topic:</b></p> <p><i>(Examples: Diabetes, Asthma, COPD, Women's Health, etc.)</i></p>	<div style="text-align: right; border: 1px solid black; padding: 2px;">Physician Champion: Archer</div> <p style="text-align: center; font-size: 1.2em;"><b>Heart Failure</b></p>
<p><b>Guideline Source:</b></p> <p><i>(Examples: ADA, USPSTF, HTW, NHLBI, etc)</i></p>	<p>2013 ACCF/AHA Guideline for the Management of Heart Failure</p> <p>ACCF/AHA Task Force on Practice Guidelines</p>
<p><b>Guideline Original or Revision Date:</b></p>	<p>Revised: June 5, 2013 Original Dates: 2005 and 2009</p>
<p><b>QCEC Approval Date:</b></p>	<p>06/09/2014</p>
<p><b>Guideline Summary and link to guideline</b></p> <p><i>(Summarize guideline for Memo and link to full guideline + note on Updates</i></p>	<p>The following are 10 points to remember about this guideline for the management of heart failure (HF):</p> <ol style="list-style-type: none"> <li>1. The definition of HF has now expanded to: <ol style="list-style-type: none"> <li>a. HF with reduced ejection fraction (HFrEF, EF ≤40%)</li> <li>b. HF failure with preserved ejection fraction (HFpEF, EF ≥50%)</li> <li>c. HFpEF, borderline (EF 41-49%)</li> <li>d. HFpEF, improved (EF &gt;40%)</li> </ol> </li> <li>2. The number of patients with HF, as well as the cost to treat patients with HF, is expected to increase in the future.</li> <li>3. All causes of HF must be evaluated, with consideration of multigenerational family histories and genetic testing.</li> </ol>

4. Risk factors need to be continually addressed when managing a patient with HF: hypertension, lipid disorders, obesity, diabetes mellitus, tobacco use, and known cardiotoxic agents.
5. There is a clear mortality benefit from using guideline-directed medical therapy.
6. Anticoagulation should not be used in patients with chronic HFrEF with no risk factors (atrial fibrillation, thromboembolic event, or cardioembolic source).
7. Aim for control of systolic and diastolic blood pressures, as well as volume status, to treat HFpEF.
8. Re-evaluate patients with left ventricular EF  $\leq 35\%$ , New York Heart Association class II-IV, left bundle branch block, and a QRS  $\geq 150$  ms for cardiac resynchronization therapy.
9. HF education, dietary restrictions, and exercise training should be provided for all patients to enhance self-care.
10. A HF multidisciplinary team, including a palliative care team, should be involved when treating patients with advanced HF.