

Clinical Scenario

Heart Failure

Scenario:

74, male, SOB to ED with increasing SOB x2 days.

Initial vital signs:

O₂ sat 82% on RA, placed on 4L HF NC, O₂ sat 90%. BP 178/90, HR 130, RR 32.

CXR with enlarged heart and severe bilateral pulmonary edema

ED Course:

Started on BiPAP to keep O₂ above 90%.

Lasix 40 mg IV given due to pulmonary edema

At Time of Decision:

Medical Hx: CHF, obesity

Vital Signs: BP 132/68, RR 22, O₂ 96% on BiPAP

EKG: HR 100-120s

Labs: WNL, Troponin negative x1

Recommended Workflow

C- Consider appropriate care setting

- Hospitalization

A- Ask what the principal diagnosis is?

- Heart Failure

R- Review INPT guideline first, then OBS

- INPT Criteria: MET

E- Enter bed status / level of care order

- Inpatient

D- Document criteria in medical record

INPATIENT

- Indicated for one or more:
 - Unstable VS
 - Severe abnormal electrolytes
 - Concerning arrhythmia
 - Associated with AMI
 - Invasive/noninvasive ventilation required, imminent or likely, to keep sat >90%
 - Complications from massive skin edema (anasarca)
 - Persistent, both:
 - New need for O₂ keep sat > 90%
 - Not improving *
 - RR >18*
 - Dyspnea*
 - AMS*
 - Increased Cr** and >50% reduction eGFR
- Rising Cr and >25% eGFR
- First episode / no prior hx CHF
- Pulmonary artery catheter monitoring

* Despite OBS care

**Above patient's baseline

OBSERVATION

- Indicated for one or more:
 - Abnormal VS
 - Pulmonary edema
 - Hypoxemia, one:
 - No home O₂, sat <90%
 - Now requires O₂ keep sat >90%
 - Requires increase in baseline O₂
 - RR >18
 - AMS*
 - Abnormal electrolytes
 - Change in renal function

*Cannot be patient's baseline

Teaching Points:

- If the patient has other clinically active comorbidities with Heart Failure, select Multiple Condition Management (MCM) Guidelines using Heart Failure as the principal diagnosis paired with the comorbid condition that require inpatient care (ie Heart Failure with A-Fib). Using MCM will support an extended length of stay
- OBS would be appropriate if patient responded quickly to treatment.
 - For example: labs normal, O₂ needs improving
- Many criteria under the INPT guideline require a stay in OBS status before converting to INPT.