

## CONGESTIVE HEART FAILURE CLINICAL PRACTICE GUIDELINES

The following guideline is applicable for patients age 18 or older who have a diagnosis of Congestive Heart Failure (CHF). For these patients, their medical record will contain documentation of the following:

1. Disease classification based on the New York Heart Association (NYHA) Functional Classifications:
  - a. **Class I, No Limitations:** Ordinary physical activity does not cause undue fatigue, dyspnea or palpitations (*i.e. patient is able to do all normal activities of daily living without any symptoms, and only becomes symptomatic after significant exertion. Can walk more than two blocks, and can easily climb a flight of stairs without dyspnea*)
  - b. **Class II, Slight Limitation of Physical Activity:** Such patients are comfortable at rest, ordinary activity results in fatigue, palpitations, dyspnea or angina (*i.e. patients can walk one level block but not two, and can climb stairs but are winded after one flight of stairs*)
  - c. **Class III, Marked Limitation of Physical Activity:** Patients are comfortable at rest, less than ordinary activity will lead to symptoms (*i.e. less than ordinary activity causes symptoms and patients are unable to climb stairs at a normal rate or must stop before the top. Patients cannot walk one level block without dyspnea*)
  - d. **Class IV, Inability to Carry On Any Physical Activity without Discomfort:** Symptoms of congestive failure are present even at rest. With any physical activity, increased discomfort is experienced (*i.e. symptoms occur with minimal activity and/or at rest*)
3. Clinical assessments include:
  - a. Assessment of risk factors: Hypertension, Diabetes, and Coronary Artery Disease. Treatment to be provided if clinically indicated
  - b. Baseline measurement of LVEF and follow-up measurement as clinically indicated
  - c. If LVEF < 40%, the patient will be treated with an ACE Inhibitor or ARB
  - d. Documented use of Beta Blockers, as appropriate. If Beta Blockers are not used, document reason (e.g. reactive airway disease)
  - e. For African Americans, use of combination of hydralazine plus nitrates recommended for patients with moderate-severe symptoms on optimal therapy with ACE inhibitors, Beta-Blockers, and Diuretics
4. Precautionary measures including:
  - a. Patient education about appropriate management of signs and symptoms of worsening CHF
  - b. Patient carrying an up-to-date medication list
  - c. CHF disease management to be considered for long term patients
5. Assess lifestyle habits, including:
  - a. Smoking status
  - b. Physical activity and exercise
  - c. Daily self-assessment of weight
  - d. Dietary restrictions (e.g. salt or fluid intake)
6. Influenza vaccine having been provided within the past year

7. Pneumococcal vaccine:
  - a. Being provided to patients with no or unknown history of prior receipt of the PPSV
  - b. Adults in need of a second (and final) dose of PPSV if five or more years have elapsed since the previous dose of PPSV, and the PPSV was given before the age 65 years of age and are at high risk for pneumococcal infection

Stages of Heart Failure (*Documentation not required but may be included in a patient's medical record*)

- a. **Stage A**-At high risk for heart failure, but without structural heart disease or symptoms of heart failure
- b. **Stage B**-Structural heart disease but without signs or symptoms of heart failure
- c. **Stage C**-Structural heart disease with prior or current symptoms of heart failure
- d. **Stage D**-Refractory heart failure requiring specialized interventions

*Source: Circulation/AHA- Focused Update: ACCF/AHA Guidelines for the Diagnosis and Management of Heart Failure in Adults (Circulation 2009;1977-2016)*

*Journal of the American College of Cardiology-2009 Focused Update Incorporated Into the ACC/AHA 2005 Guideline for the Diagnosis and Management of Heart Failure in Adults: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines Developed in Collaboration with the International Society for Heart and Lung Transplantation*

*Reviewed by Valley Preferred Health Services Physician Advisory Committee*  
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