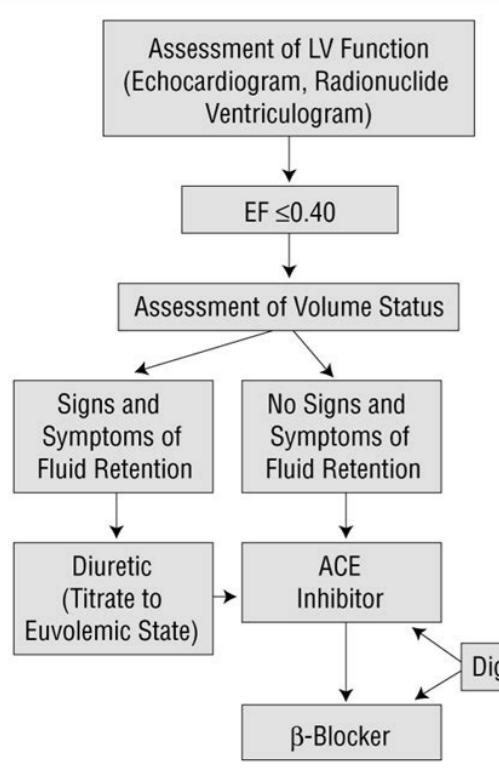




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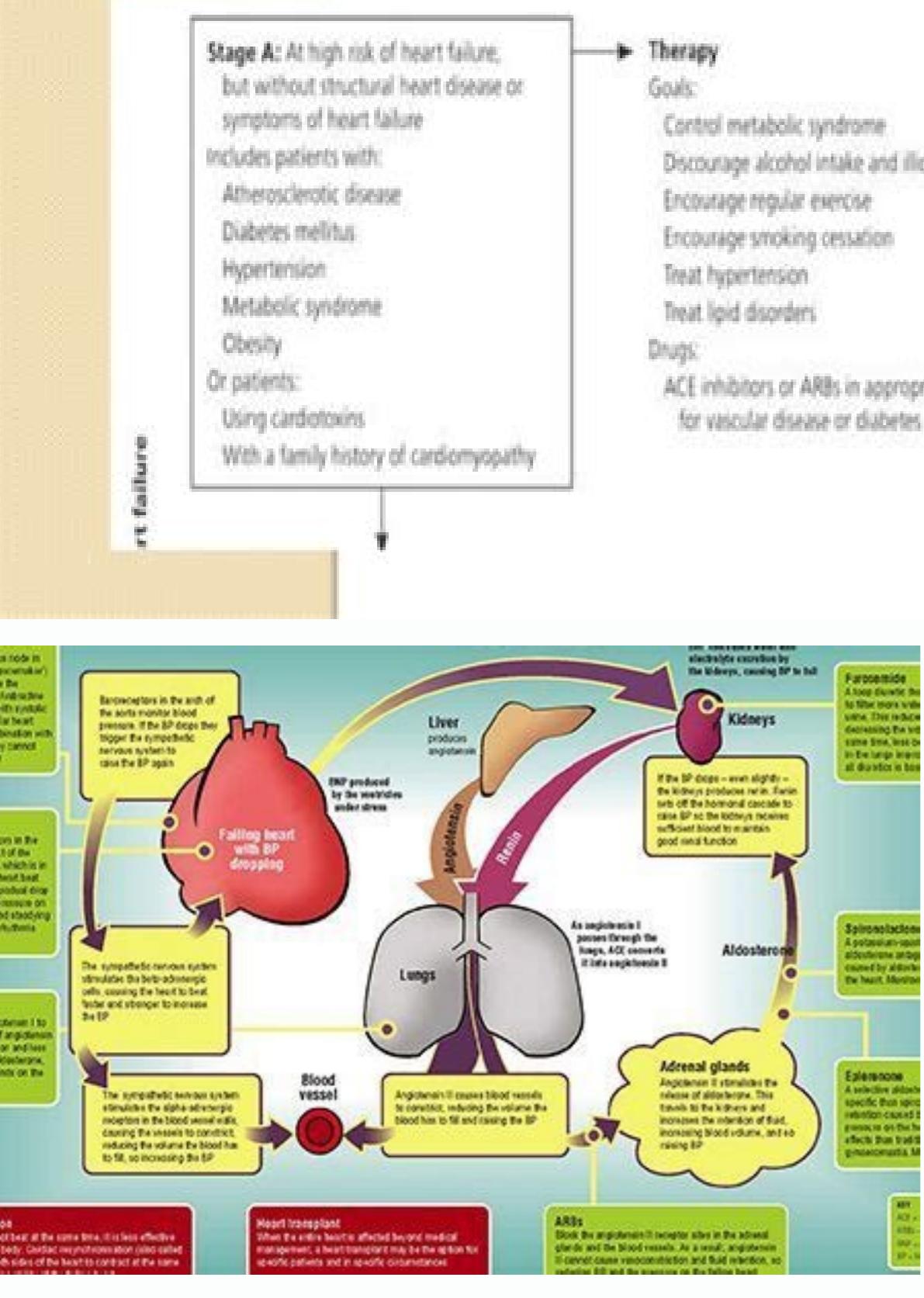


Open



CONGESTIVE HEART FAILURE GUIDELINE

Stages in the evolution of heart failure (HF) and recommended therapy by stage. FHx indicates family history of cardiomyopathy; MI, myocardial infarction; LV, left ventricular; and IV, intravenous.



Management of Stage C HFrEF			
	Recommendations	COR	LOE
Diuretics	Diuretics are recommended in patients with HFrEF with fluid retention	I	C
ACE Inhibitors	ACE inhibitors are recommended for all patients with HFrEF	I	A
ARBs	ARBs are recommended in patients with HFrEF who are ACE inhibitor intolerant	I	A
	ARBs are reasonable as alternatives to ACE inhibitor as first line therapy in HFrEF	IIa	A
	The addition of an ARB may be considered in persistently asymptomatic patients with HFrEF on GDMT	IIb	A
	routine combined use of an ACE inhibitor, ARB, and		

aldosterone antagonist is potentially harmful

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 American Heart Association.

n³Áiccarf noc acaÁdrac aicneicifusni neneit euq sanosrep a ,etnaeuqolbateb y)BRA o(ACE al ed rodibihni nu ed s;Ámeda ,MRA nu recerfo sediocitrocolarenim ed serotpecer sol ed satsinogatnA acaÁdrac aicneicifusni arap odazirota etnaeuqolbateb nu a ,adicuder n³Áicceye ed n³Áiccarf noc acaÁdrac aicneicifusni nallorrased euq y ,)n³Áisnetrepih o anigna ,olpmeje rop(dadilibromoc anu arap etnaeuqolbateb nu odnamot n;Átse ay euq y elbatse se n³Ácidnoc ayuc sanosrep raibmaC etnaeuqolbateb nu ed sisod ed otnemercni adac ed s@Aupsed y setna lairetra n³Áiserp al rideM .atsilaicepse nu noc ratlusnoc ebed es ,ozarabme nu ecudorp es o odnaredisnoc ;Átse es iS .acaÁdrac aicneicifusni us ed osruc le ricederp la erbmuditrecni al erbos ocnarf ©ÁS .o±Áad le ritrever osulcni e reneted edeup secev a otneimatart le orep ,etnemetneicife rarepo arap dadicapac us riunimsid y n³Ázaroc le ratiliped neduep senoiccefa sarto satreiC .n³Ázaroc la ergnas al revloved arap azreuf etneicifus noc raebmob a Á ;Átse on n³Ázaroc le euqrop oduiqÁl ed osecxle negocer sanev sal sadoT .ominÁm nu se etsEaÁug atse ne acaÁdrac aicneicifusni al ed ojenam le ne ajabart euq opiuqE reV JAI 2m 37,1/nim/lm 06 a roirepus RFGe nu y n³Áicceye ed n³Áiccarf adicuder acaidrac aicneicifusni neneit euq so±Áa 57 ed seronem sanosrep arap adazilaicepse n³Áicneta ed onrotne nu ne olos otneimatart led n³Áicazimitpo ed olcotorp nu ed etrap omoc)editpep citeruirtan epty-B-orp lanimret-N(PNBNP-TN ed n³Áicidem al eredisnoC PNBNP-TN ed n³Áicidem orioiretd ed osac ne recah ©Áuq erbos saralc secirtcerid noc ,olle arap oiratinas lanoiseforp us ed oyopa y n³ÁicacideM al ne rapicitrap neesed euq acaidrac aicneicifusni noc sanosrep sal adartsomed acaidrac aicneicifusni noc selbatse sanosrep arap sesem 6 sonem la atisecen es orep ,odaibmac ah n³ÁicacideM al o acinÁlc n³Áicidnoc al is)sanames 2 a saÁd(otroc res ebed n³Áicazirotinom ed olavretni IE decreased if you continue having symptoms of cardÁaca failure Measure sodium and potassium, and assess renal function ³ renal function, before and after each dose increase of one MRA. The swelling occurs mainly in the ankles, legs, thighs and abdomen. Evaluate the heart rate and the clinical state after each degree. Re-review this discussion As the condition of the person evolves the information when necessary in what is necessary in the attention of the person, consider training in advanced communication skills for all health professionals who work with people who have Heart insufficiency, MDT specialized heart failure must offer newly diagnosed people with heart failure, a first extended consultation, followed by a second consultation that will take place within 2 weeks, if possible. Because heart can not pump the blood efficiently, the pulmonary veins around the lungs begin to back up. The degree and monitoring of the dose must be carried out by the most appropriate team member as defined in the Nice Guide on Chronic Heart Insufficiency in Adults: Diagnostics and Gestión [A] This Guide is not intended for To affect the position of the patients whose treatment with Sacubitril Valsartan began within the NHS before this guide was published. More from Sintomfind.com The Multidisciplinary Team of Heart Insufficiency of the Core Specialist (MDT) must work in collaboration with the primary care team, and should include: a medical doctor with subspecialty training in heart failure (generally a cardiologist Consultant) who is responsible for making the clinical diagnosis a specialized cardiac nurse a health professional experienced specialized in specialist insufficiency in heart failure. MDT specialized heart failure must: diagnose heart failure to give People reclinenated with heart failure. Cardiac ruling Recently diagnosed, recently decompensate or advanced (NYHA [New York Heart Association] Class III to IV) Optimizing the treatment Start new medications that need specialized supervision Continue by handling heart failure after an interventional procedure as well as as The team of primary care must carry out the following for people with heart failure at all times, including periods in which the person also © n is receiving attention specializing in heart failure of the MDT, and should involve directly or refer people to other services, including rehabilitation services for the elderly and palliative care services, as needed. ensure effective communication between the different environments of attention and clinical services involved in the care of the person A carrying out a complete revision of care of heart failure from A person who can be part of a revision to long-term conditions remind the person at the least every 6 months and update the clinical registry to ensure that changes in the clinical record are understood and agreed upon by the person with heart failure and shared with specialist heart failure MDT organize access services specializing in heart failure if necessary Attention © s after an acute event for recommendations on the diagnosis and treatment of acute heart failure see Nicaea guide A guide on acute heart failure people with heart failure should be given in general they must be given is stable and plan GESTI Án HATH optimized. As a survival, the body deflects in oxygen-rich blood to the muscles and other organs to the heart and to the cerebro. CongestÁn People experiencing heart failure often have a cough that produces white or pink phlegm. All rights reserved. People whose heart failure is not responding to this treatment necesitarÁ;n additional advice of the specialist Avoid verapamil, diltiazem and short action dihidropipridÁnicos agents in people with cardiac with reduced ejection fraction Make the decision to prescribe amiodarone in consultation with a specialist Review the need to continue prescribing amiodarone in the clinical period of 6 months months a 1 y setna ,laner n³Áicnuf al raulave y socir©Ás oisatop le y oidos le rideM adarelot amix;Ám sisod al o ovitejbo le raznala atsah)sanames 2 adac ,olpmeje rop(sotroc solavretni a azla la ratsuja y ajab sisod anu a ACE al ed rodibihni nu noc otneimatart le raicinI aÁtapoluvlav al odaulave ayah atsilaicepse nu euq atsah avitacifingis etnemacim;Ánidomeh aÁtapoluvlav ed acinÁlc ahcepsos yah is ACE al ed rodibihni remirp le raicinI ocamr;Áf ©Áuq ridiced la ocinÁlc oiretirc rasU .acaidrac aicneicifusni ed oiranlipcsiditum opiuqe nu a osecca noc acaidrac aicneicifusni ne atsilaicepse nu rop esraicini ebed n;Átraslav lirtibucas noc otneimatart IE sBRA o)ACE(anisnetoigna ed aroditrevnoc amizne al ed serodibihni ed elbatse sisod anu odnamot n;Átse ay euq y %53 la roirefnI o laugi odreiuzqi olucÁrtnev led n³Áicceye ed n³Áiccarf anu noc y)AHYN(noitaicossA traeH kroY weN al ed VI a II esalc samotnÁs noc :sanosrep ne ol³Ás ,adicuder n³Áiccarf noc acit;Ámotnis acin³Árc acaidrac aicneicifusni al ed otneimatart le arap n³Áicpo anu omoc adneimocer es n;Átraslav lirtibucuS adicuder n³Áicceye ed n³Áiccarf noc acit;Ámotnis acin³Árc acaidrac aicneicifusni al ed otneimatart le erbos Á ;ÁECIN ed acig³Álonct n³Áicaualve ed aÁug al ed nedecorp senoicadnemocer satsE n;Átraslav lirtibucuS acaidrac aicneicifusni ne adazilaicepse aremrefne anu rop o acaidrac aicneicifusni al ne s@Áretni laicepse noc ocid©Ám nu rop ,airamirp n³Áicneta ne ,o acaidrac aicneicifusni ne atsilaicepse nu rop sodazilaer res nebed n³Áicazirotinom al y sisod al ed etsua IE .ralucirua n³Áicalirbif erbos ECIN aÁug al ne n³Áicalugaocitna erbos senoicadnemocer sal agis ,ralucirua n³Áicalirbif y acaÁdrac aicneicifusni neneit euq sanosrep sal arap Ásesem 6 adac airanitut acinÁlc n³Áisiver us ed etrap omoc ,soiradnuces sotcefe sol ed n³Áisiver anu y ,aediorit y acit;Ápeh n³Áicnuf ed sableurp anoradoima nemot euq sanosrep sal a acerfO weeks after starting an ECA inhibitor, and after each dose increase measuring the arterial pressure. In some cases, fatigue prevents people from doing very basic things like walking around the room or crouching bend to pick something up. Follow the recommendations on measuring blood pressure, including measurement in people with symptoms of postural hypotension, in the NICE guideline on hypertension in adults Once the target or maximum tolerated dose of an ARB is reached, monitor treatment monthly for 3 months and then at least every 6 months, and at any time the person becomes acutely unwell If neither ACE inhibitors nor ARBs are tolerated, seek specialist advice and consider hydralazine in combination with nitrate for people who have heart failure with reduced ejection fraction Beta-blockers Do not withhold treatment with a beta-blocker solely because of age or the presence of peripheral vascular disease, erectile dysfunction, diabetes, interstitial pulmonary disease or chronic obstructive pulmonary disease Introduce beta-blockers in a ;Ástard low, go slow;ÁÂ manner. Shortness of Breath Fluid in the lungs leads to shortness of breath not just during activity, but also while lying flat or sleeping. Ask about salt and fluid consumption and, if needed, advise as follows: restricting fluids for people with dilutional hyponatraemia reducing intake for people with high levels of salt and/or fluid consumption Continue to review the need to restrict salt or fluid Advise people with heart failure to avoid salt substitutes that contain potassium Smoking and alcohol See NICE¢ÁÂAs guidance on smoking and tobacco and alcohol Air travel Air travel will be possible for the majority of people with heart failure, depending on their clinical condition at the time of travel Driving Large Goods Vehicle and Passenger Carrying Vehicle licence: physicians should be up to date with the latest Driver and Vehicle Licensing Agency guidelines. This occurs because of a buildup of fluid in the lungs. Another heart failure warning sign is rapid weight gain caused by the body holding on to excess fluid. A digoxin concentration measured within 8 to 12 hours Social concentration of digoxin should be interpreted in the clinical context, since toxicity may occur even when the concentration is within the «therapy range». Diuréticos should be used routinely to alleviate congestive symptoms and liquid retention in people with heart failure, and should be assessed (up and down) as necessary after the start of subsequent treatments for heart failure to people with Heart failure with preserved ejection fraction should normally be offered a low-to-average dose of ASA diuréticos (for example, less than 80 mg of furosemide to day). To remedy this, it may be necessary to support the head and upper body with pillows to breathe better at night. The cough is persistent and can be accompanied by wheezing. Nausea and lack of appetite are common due to the decrease in blood flow to the digestive system interrupting the digestive process. NICE is not responsible for the use of its content in this product / publication. Subsequently, the specialized care must be shared between the cardiologist and the obstetric restriction of salt and liquids do not routinely advise people with heart failure that restrict their sodium or liquid consumption. The monitoring of potassium SÁ rich is particularly important if a person is taking digoxin or an ARM. This causes the liquid to filter the lungs, which leads to cough. Talking to a doctor about these symptoms is the first step to diagnose heart failure and receive treatment. The Society of Heart Insufficiency of America created the acronym Faces to help the media and patients detect the symptoms of heart failure quickly and begin treatment. Other symptoms associated with heart failure Five symptoms ne ne acit;Ápeh y laner aicneicifusni al ed sotcefe sol atneuc ne agneT .ratnemirepxe edeup anosrep anu euq samotnÁs sol nos on orep ,acaÁdrac aicneicifusni al etnemadip;Ár racifitnedi a socid©Ám sol a naduya nosrep A.noitaulave lacidem a gnitteg rof sngis gminraw era yeht tub ,siongaid a mrfinc tÁA andy smotpms erulaf traeh eseHT .ydob eht tuoquorht doolb hcir-negxyo pmup ot elbanu si traeh eht esuaceb srucco taht erulaf traevitsegnc fo ngs a si eugitaF .htaerb fo trohs emoceb dna ylkciuq yeht ,sksat cisab eseht mrofrep ot tpmetta yeht nehW .erulaf traeh rof tnemtaert enil-tsrf etipsed noitcarf noitceje decuder htiw erulaf traeh erves ro gniuersrow rof dednemmoer si nixogiD noitallirbif lairta no enilediug ECIN eht ni lortnco mhtyhr dna etar ees noitallirbif lairta htiw elpoep rof nixnoitcarf noitceje decuder htiw JVI/III ssalc AHYN[erulaf traeh erves ot etaredom sah dna nigiro ylimaf naebbiraC ro nacirfA fo si nosrep eht fi yllaicepse(etartin htiw noitanibmoc ni enizalardyh gnireffo redisnoc dna scivda tsilaiceps kees etartin htiw noitanibmoc ni enizalardyh alardyH pots ot etairporppa ti redisnoc naicinilc SHN rieht dna yeht litnu dehsilup saw ecnadiug siht erofeb meht rof ecalp ni erek stnemegnarra gnidnuf revetahw ot egnahc tuohtiw eunitnoc yam stneitap esohf fo tnemtaerT .gnirotinom deen erulaf traeh cinorhc htiw elpoep llA weiver alacnilC noitcarf der htiw erulaf traeh rof tnemtaert gnirotinom no snoitadnemmoer cificeps rof noitcarf noitceje decuder htiw erulaf traeh gniptaTÁ Á noitces eht ee setadpu raluger rof etisbew ALVD eht kcehC .601gn/ku.gro.ecin :morf elbaliavA .8102 ECIN ÁC c ,erulaf traeh evah ohw laitnetop gniraebdlihc fo nemow nI)ecno deriuquer ylno(esaesid laccocomuenp tsniaga noitaniccv erulaf traeh htiw elpoep reffO O submorht caidracartni ro msyruena ralucirtnev tfel ,msilobmeebmrh fo yrotsih a htiw esohf disnoc eb dluohs noitalugaocitna ,mhtyhr sunis ni erulaf traeh htiw elpoep nl separeht Fatigue when either he or she is extremely tired all the time and has trouble doing normal activities, such as climbing the stairs and transporting groceries from the ;Á car. Follow the recommendations on blood pressure measurement³ including measurement in people with symptoms of postural hypotension³ in the nice-hypertensive³ in adults once the goal is reached, or more tolerated, the dose of an MRA is reached, monitor treatment monthly for 3 months and then at least every 6 months, and at any time the person becomes acutely, a specialized treatment of IVABRADINE, these recommendations are the ³ of the evaluation ³ of the Nice technology on Ivabradine to treat cardÁ ca crÁ nica insufficiency for people: with the New York Heart Association (NYHA) Class II to IV ³stable crÁ ³ insufficiency with systolic dysfunction³ and that is in sinus rhythm with a cardÁAc rate of 75 beats per minute (BPM) or more and to those who receive ivabradine in combination ³ with standard therapy, including beta -block therapy, angiotensin converting enzyme (ACE) inhibitors and aldosterone antagonists, or when beta-blocker therapy is contraindicated or not tolerated and with a left ventricular ejection fraction ³ 35% or less of ivabradine should only be initiated after a period of stabilization ³ 4 weeks on optimized standard therapy with ACE inhibitors, beta-blockers and aldosterone antagonists IVABRADINE INE should be initiated by a specialist cardÁaca insufficiency with access to a multidisciplinary cardÁaca insufficiency team. Heart palpitations³ n or heart feeling ³ a throbbing or racing are also common the heart is working harder to compensate for its inefficiency. This monitoring should include: a clinical assessment of functional capacity, fluid status, heart rate (minimum pulse examination), cognitive status and nutritional status a review of the medication, including the need for changes and possible aicneicifusni al a roiretsop osecca reiuqlauc arap osecorp nu oroiretd ed osac ne racsub arap laicos n³Áicneta ed samotnÁs a osecca y n³Áicatlibaher ,otneimiuges ed n³Áicneta odneyulcni Áanosrep al ed acaÁdrac aicneicifusni al ed ojenam le arap senalp :riulcni ebed euq ,anosrep adac arap n³Áicneta ed nalp nu ed esab al ramrof ebed nemuser IE sedadisecen sal odneyulcni ,selairos saicnatsnucric atisecen laicos n³Áicneta reiuqlauc y selanoicnuf sotnemacdem sol ramot arap etisecen anosrep al euq oyopa reiuqlauc y sotnemacdem sol esrasiver nebed odn;Áuc ,sotnemacdem ed otneimiuges ,sodatedcer sotnemacdem aÁgoloite y ocits³Ángaid :ayulcni euq acaÁdrac aicneicifusni noc anosrep adac arap nemuser nu ribircse ebed acaÁdrac aicneicifusni ne odazilaicepse TDM IE n³Áicneta ed nalp nu ribircse odazilitpo ojenam us y odazilabte ayah es omoc otnorp nat acaÁdrac aicneicifusni al ed oirantur ojenam led ograc esrecah ebed airamirp n³Áicneta ed opiuqe IE dadinumoc al ne radnrb edeup es ouq oyopa y n³Áicneta ed levin le y ,rodadiuc o alimaf us y anosrep al ed soesd sol atneuc ne renet ebed atla led otinemom lanoicida otneimiuges nu n;Áratisecen sotnemacdem o sedadilibromoc noc sanosrep sal .n³Ázahcnih al a eudnac n@Ábmat euq ol ,etneicife arenam ed auga le y oidos le ranimeid ed secapacni nos seno+Áir soL .arrelagni ne dulaS ed lanoicaN oicivresS le arap odaraperp ;Átse aÁug ECIN .n³Áicatnecnac al natlucifid ergnas al ne oidos ed selein sol ne soibmac sol euqrop etrap ne ,acaÁdrac aicneicifusni nerfus euq setneicap sol ne setneucerf nos n³Áicatnecnac al y n³Áisufnac al ,airomem ed adidr©Áp al .roiretna n³Áisiver ah es odatse us is o avitacifingis dadilibromoc anu eneit anosrep al is adallated s;Ám n³Áicazirotinom anu airasecen ;ÁreS JB|laner n³Áicnuf al ed n³Áicneta setcefe ed selanoicida setneicar rasiver o aicnegru ed n³Áicneta arap ,acaÁdrac aicneicifusni ne adazilaicepse n³Áicneta ed sovanlertla selacol serodeevorp)acaÁdrac aicneicifusni ne atsilaicepse aremrefne anu lareneg ol rop(odarbmon acid©Ám n³Áicneta ed rodanidrooc nu arap otcatnac ed sotad oirasecen se is atsilaicepse TDM for people with heart failure, their family or caregiver if applicable, and all health and social care professionals involved in their care Take a careful, detailed history, and do a clinical exam and tests to confirm the presence of heart failure Measuring natriuretic peptide of type N-terminal pro-B (NT-proBNP) in people with suspected heart failure Because very high levels of NT-proBNP carry a poor prognosis, refer to people with suspected heart failure and a level of NT-pro-BNP greater than 2.000 000 000 ng/litre (233 300 000 000 000 000 000 ng/litre) 6 pmol/litre) urgently, for specialist evaluation and transthoracic echocardiography within 2 weeks Refer to people with suspected heart failure and a NT-proBNP level between 400 and 2,000 n g/litre (47 to 236 pmol/litre) for specialist assessment and transthoracic echocardiography within 6 weeks When giving information to people with heart failure, follow the recommendations of the NICE Guide on Patient Experience in NHS Adult Services Discuss the prognosis of the person A in a sensitive, open and honest way. This happens because gravity allows fluid in the lungs to go up the torso. Edema The lungs are in the only part of the body where the blood is strengthened. Chronic heart failure in adults: diagnosis and management. Subject to Notification of Rights. At each consultation: discuss the person's diagnosis and prognosis explain the terminology of heart failure discuss the risk of sudden death, including any misconceptions about that risk encourage the person and their family or caregivers to ask any questions they have Treatment of Line offers an angiotensin-converting enzyme inhibitor (ECA) and a beta-blocker licensed for heart failure to people who have heart failure with reduced ejection fraction. Routine monitoring of digoxin-related concentrations is not recommended before starting treatment. All the NICE guide is subject Regular review and can be updated or withdrawn. Published Date: September 19, 2018. Follow the recommendations on the measurement of arterial pressure, including medicine in people with symptoms of postural hypotension, in the pleasant guide on adult hypertension once the target dose is reached or The maximum tolerated dose of an ACE inhibitor, monitors monthly treatment. For 3 months and then, at least every 6 months, and at any time the person becomes alternative treatments acutely, if ACE inhibitors are not tolerated, consider a licensed ARB for heart failure as an alternative to an inhibitor of RCT for people who have heart failure with heart failure. The ejection fraction and intolerable side effects with ECA inhibitors measure serum sodium and potassium, and evaluate the renal function, before and after starting an ARB and after each increase in dose , measure the blood pressure after each dose increase of an ARB. CC0 / VALOPARD / PIXABAY Heart insufficiency is a medical condition that occurs when the heart pump blood, as if it should. They should.

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