City and Hackney Primary Care Pathway for home IV Diuretics

Inclusion criteria

- Diagnosis of heart failure confirmed by echo +/- NTproBNP
- Resident in City and Hackney area, registered with local GP. Aged 18 & over.

Decompensated heart failure despite adherence to oral diuretics and lifestyle measures including fluid restriction, evidenced by:

- Significant weight gain >3kg
- Increase peripheral oedema above knees, or ascites
- Increased SOB/ NYHA III- IV,
- New symptoms of orthopnoea or PND

Assess

Condition requiring hospital admission? eg

- Suspected ACS
- New uncontrolled arrhythmia
- Severe infection
- Severe anaemia

YES → **Admit to hospital**

NO

Had recent increase or change in oral diuretic that did not achieve adequate response? Metolazone already considered or added?

NO → **Treatment with oral diuretics**

If not already on diuretic, start at 40mg od Furosemide/1mg Bumetanide and titrate according to response (40mg Furosemide = 1mg Bumetanide)

If already on diuretic, increase at 40mg increments for Furosemide and 1mg for Bumetanide.

If already on Furosemide ≥80mg od, consider changing to Bumetanide (better absorption).

Resistant/severe oedema, consider short course Metolazone 2.5mg OD/alternate days/twice or once weekly, if renal function stable.

Review at 1 week with weight and U&Es.

Reduce diuretic when oedema resolved/dry weight achieved.

YES → **Check suitability for home IV diuretics**

- No previous history of anaphylaxis to loop diuretics.
- No recent deterioration in U&Es.
- No symptomatic hypotension.
- No active bleeding disorder.
- Pt has capacity and gives consent .
- Adequate social arrangements or carer support.
- Has working telephone and able to use it.

LITTLE OR NO IIMPROVEMENT

Refer to ACERS community IV diuretic service
✆0207 683 4698 email huh-tr.homertonivdiuretics@nhs.net
Mon-Fri 8am-6pm

Cardiology consultant support provided by:
Dr Smita Dutta Roy Dr Tim Bowker

On completion of IV diuretic treatment

Refer to ACERS community failure team for monitoring, support, medication titration
✆0207 683 4698 Mon-Fri 9am-5pm
email huh-tr.homertonheartfailure@nhs.net

Ongoing management in community
Remove exacerbating factors, eg NSAID.
Optimise prognostic meds if HFrEF.
Fluid restrict 1.5-1.75L/day.
Reduce salt intake (max 6g daily)
Daily weights.

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