



Objectives: Congestive Heart Failure

1. Suspect congestive heart failure in patients presenting with symptoms including, but not limited to, shortness of breath, leg swelling, orthopnea and paroxysmal nocturnal dyspnea.
2. Given a patient with clinical symptoms of congestive heart failure, the resident will be able to look for physical exam findings to support the diagnosis (e.g. elevated JVP, hepatomegaly, peripheral edema).
3. Order echocardiography in order to determine the degree of heart failure and to determine whether there is heart failure with reduced ejection fraction (HFrEF) or heart failure with preserved ejection fraction (HFpEF), as the treatments differ.
4. In patients with HFrEF, start patients on medications with proven mortality benefits (e.g. B-blockers, ACE inhibitors etc...), if appropriate.
5. In patients with HFpEF, modify and treat underlying contributors (e.g. Type 2 diabetes, hypertension).
6. In patients with symptomatic heart failure or presenting with an acute exacerbation of heart failure, treat and manage symptoms appropriately (diuresis, oxygen supplementation, treat underlying infections).
7. In patients with new or worsening heart failure, consider possible underlying etiologies (ischemic heart disease, alcohol, cardiomyopathies).
8. Recognize end-stage CHF and engage patients in palliative care discussions, if appropriate.

** Mapped to the CFPC's 105 priority topics: #46-Heart Failure