

Heart Failure Generic Care Plan: Guidance for MCR

CARE ISSUE	DESIRED OUTCOME	ACTION	ACTION BY	RESPONSE
Patient is suffering from fluid retention. Symptoms may be sudden weight gain, tightening of clothes around stomach, swelling in ankle and/or legs, worsening of cough or wheeze affecting sleep or breathing.	Patient symptoms are improved or minimised.	Check compliance with medication (in particular diuretics) and counsel as appropriate.	Pharmacist	Patient understands how to identify symptoms of fluid retention and what not to do.
		Advise patient of need to weight themselves regularly (daily if receiving diuretic) after being toilet and before dressing.		
		Advise patient not to drink extra fluid to replenish water lost by diuretic.		
		Discuss severity and frequency of symptoms with patient and refer to GP or heart failure nurse if appropriate (depending on history, co-morbidity & other signs / symptoms-see below).		
	Patient able to maintain normal activities.	Counsel patient on "hidden fluids" eg soup, yoghurt.		
		Provide information on thirst management.		
RED FLAG SIGNS / SYMPTOMS FOR GP / HF NURSE REFERRAL <ul style="list-style-type: none"> <input type="checkbox"/> Severe and persistent shortness of breath <input type="checkbox"/> Progressive worsening of symptoms not responding to diuretics <input type="checkbox"/> Increasing shortness of breath and tolerating less and less activity <input type="checkbox"/> Fainting or loss of consciousness <input type="checkbox"/> Consistently awakening short of breath <input type="checkbox"/> Palpitations that have worsened or are making patient light headed or dizzy <input type="checkbox"/> Needing more pillows to sleep comfortably <input type="checkbox"/> Sudden and rapid weight gain (2kg in 2 to 3 days); early sign patient is retaining more fluid 				

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Patient complains of recent increase in breathlessness.	Patient symptoms are improved or minimised.	Check compliance with medication and counsel as appropriate.	Pharmacist	Patient improves.
	Patient able to maintain normal activities.	Discuss severity and frequency of symptoms with patient and refer to GP or heart failure nurse if appropriate (depending on history, co-morbidity & other signs / symptoms- see below).		

RED FLAG SIGNS / SYMPTOMS FOR GP / HF NURSE REFERRAL

- Severe and persistent shortness of breath
- Progressive worsening of symptoms not responding to diuretics
- Increasing shortness of breath and tolerating less and less activity
- Fainting or loss of consciousness
- Consistently awakening short of breath
- Palpitations that have worsened or are making patient light headed or dizzy
- Needing more pillows to sleep comfortably
- Sudden and rapid weight gain (2kg in 2 to 3 days); early sign patient is retaining more fluid

CARE ISSUE	DESIRED OUTCOME	ACTION	ACTION BY	RESPONSE
Compliance. (Looking at repeats, patients condition, confusion about meds, exacerbation, patient admits doesn't take, lack of understanding, side effects, etc).	Patient takes/uses medication as instructed.	Discussion with patient to identify issues in following treatment plan.	Pharmacist	Patient has a better understanding of how and why to take/use medications, and patient able to explain what the different medicines do.
	Patient understands why they need to take medication.	Offer regular structured advise on how different therapies work, benefits of taking them (on mortality, morbidity and	Pharmacist	Patient understands the benefits of medication and risks of not taking it regularly.

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		symptoms) and the need for compliance.		
	Compliance with medication improved.	When to take, how to take, what to do if missed doses, etc.	Pharmacist	Patient understands use of medication and improved HF control and improves secondary prevention.
		Ensure patient can identify, swallow, order, get access to all medications and read labels.		
		Regularly discuss strategies to improve compliance in a structured fashion.		
Patient diet includes excessive salt content. (>6g/day)	Salt intake is appropriate (<6g/day) and sticking to this can lessen blood pressure and fluid retention.	Counsel patient on use of salt, reduce intake of salty foods and avoid use of salt substitutes.	Pharmacist Patient	Patient consumes safer salt levels for condition.
		Avoid use of soluble medication. (except aspirin 75mg disp).		
Side effects of medication. (E.g. dry cough with ACE).	Able to minimise side effects appropriately.	Explain side effects of medication and review with GP if resulting in non-compliance or if side effect is intolerable.	Pharmacist GP	Review of medication if s/e is intolerable.

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Patient smokes.	Smoking stopped.	Reinforce effect of smoking on angina, blood pressure control, risk of further complications and health risks.	Pharmacist Patient	Patient agrees to quit attempt or reduce, and understands why so more motivated to succeed.
		Offer QuitYourWay or NHS referral.		Patient agrees to quit attempt or reduce, and understands why so more motivated to succeed.
		Brief interventions to motivate patient to stop or reduce smoking.		
No flu immunisation. (On inhaled steroids, meet age or other criteria).	Patient gets annual flu immunisation.	Promote advice.	Pharmacist Patient	Patient agrees to contact surgery to get the annual flu vaccination.
No pneumococcal immunisation.	Patient gets at least a one off pneumococcal immunisation.	Promote immunisations.	Pharmacist Patient	Patient agrees to contact surgery to get the pneumococcal vaccination.
Patient is binge, hazardous or harmful drinking.	Patient reduces alcohol intake to healthy level and pattern.	Pharmacist carries out brief intervention or refers to alcohol services.	Pharmacist	Patient consumes healthier levels of alcohol.
		Pharmacist should encourage patients with alcoholic cardiomyopathy to stop drinking altogether.		