CHF

A/P

Patient has been diagnosed with this for some time

Last Echo: {\_}

Current medications: {\_}

Stage B (structural issues, but no symptoms, ie hx of cardiac issues) Stage C and D are structural issues and symptoms with exertion (stage C) and symptoms at rest (stage D)

Patient is: Stage B {\_} Stage C {\_} Stage D

Follows with cardiology: yes {\_} no

Stage B patients should be on atleast: BB and ACE/ARB per AHA/ACC

Stage C/D patients should be on: BB, ACE/ARB, SGLT-2-I, Spirinolactone, and diuretics as needed per AHA/ ACC

We had an extensive discussion about the importance of managing comorbidities such as HTN and diabetes if present, as well as obesity and OSA as they can all worsen prognosis and treatment success of heart failure.

Patient was encouraged to get >150 minutes of aerobic exercise weekly

Weight loss was encouraged to a goal of a normal BMI

Nutrition and fluid management: encouraged DASH diet, fluid restriction (< 2L per day), < 2 grams salt per day to avoid exacerbation

If patient sees >2 kg weight gain in 3 days they are to seek medical care

Encouraged home blood pressure monitoring

If shortness of breath or worsening edema, they are to seek medical care

Is patient on:

---BB: yes {\_} no

---ACE/ARB: yes{\_} no

---SGLT2-i: yes {\_} no

---Spironolactone: yes {\_} no

---Diuretics: yes {\_} no

---Potassium: yes {\_} no

-continue current medications above as patient is on GDMT

- Add these medications to above regimen to get patient to GDMT {\_}

- continue to follow with cardiology

- F/U q 6 months

- F/U if weight gain

All of the above guidelines were based on American Heart Association and American College of Cardiology Guidelines for GDMT.

HPI:

CHF

Patient is tolerating medications okay.

Recent weight gain: {\_}

Orthopnea: {\_}