COVID-SSU Clinical Pathway

CONGESTIVE CARDIAC FAILURE

Western Health

COVID - 19

Be Safe – Be Smart – Be Kind

Left or right ventricular failure with mild symptoms

EXCLUSION CRITERIA

ABSOLUTE	RELATIVE

• High risk ACS (see chest pain ACS pathway) – in particular
  ○ Ongoing chest pain
  ○ ECG changes
  ○ Significant troponin rise
• APO requiring IV infusions or CPAP/non-invasive ventilation
• Suspected co-infection or infective trigger requiring admission
	• Significant decrease in exercise tolerance
	• Poor/worsening renal function (either baseline or current) which would make diuresis challenging
	• New oxygen requirement

KEY CONSIDERATIONS DURING SSU ADMISSION

- Consider and treat triggering causes
  - ACS – serial troponin where indicated; ECG for rhythm disturbance
  - Infection – CXR should occur prior to SSU admission (see exclusions)
  - Fluid and electrolyte disturbance – UEC, check compliance with any fluid restrictions
  - Medication compliance – take a detailed history including OTC and natural therapies, check levels e.g. digoxin in AF
- Diuresis
  - Will be case dependent based on degree of overload and symptoms
  - Chart usual medications including usual doses of diuretics
  - IV frusemide 20-40mg stat and ongoing doses based on severity of disease and titrated to effect
  - Consider a brief period of increased diuretic dose on discharge with LMO follow-up and repeat UECs in 5-7 days

REFERRAL CRITERIA (Cardiogeriatrics/Medicine)	DISCHARGE CRITERIA
• Ongoing abnormal or worsening vital signs • New and ongoing requirement for oxygen • Pathology identified requiring admission • Deteriorating symptoms • Ongoing and increasing diuretic requirement • See admission guideline policy for differentiation between cardio/medicine	• Normal vital signs • No acute pathology identified on imaging and normal lab investigations • Tolerating oral intake • Return to baseline mobility and function • Adequate social support

DISCHARGE REQUIREMENTS

- Patient education e.g. reinforce fluid restrictions where applicable, medication compliance
- Follow up plan - LMO for review within the week or usual cardiologist
- Re-attendance advice + information sheet
- Medical certificate
- Prescription for discharge medications as indicated e.g. increased or new diuretic