CARDIAC FAILURE

Diagnosis

All patients should have once only pneumococcal immunisation and annual influenza immunisation

- Patients should avoid salt rich food;
- Exercise as per individualised programme;
- Consume only 1-2 units of alcohol per day (except if alcohol induced);
- Stop smoking and lose weight

Consider *ACE inhibitor* in all patients

Add *diuretic* if patient is fluid overloaded
Use *thiazide* if normal renal function
or
Loop diuretic if impaired renal function and volume overloaded
Monitor serum K+, consider replacement therapy if necessary

Add *ß- blocker* in patients with ongoing symptoms who have NYHA class II – III symptoms

Continued symptoms?

Consider loop *diuretic* if impaired renal function and volume overloaded and NYHA class III/IV

Add *spironolactone* low dose if NYHA class III/IV
Monitor Serum K+

Consider *digoxin* in patients with NYHA class III/IV with persisting symptoms, very poor LV function or persisting cardiomegaly

Start with low dose *digoxin* in elderly 0.125mg/day

If systolic failure refractory to treatment, review

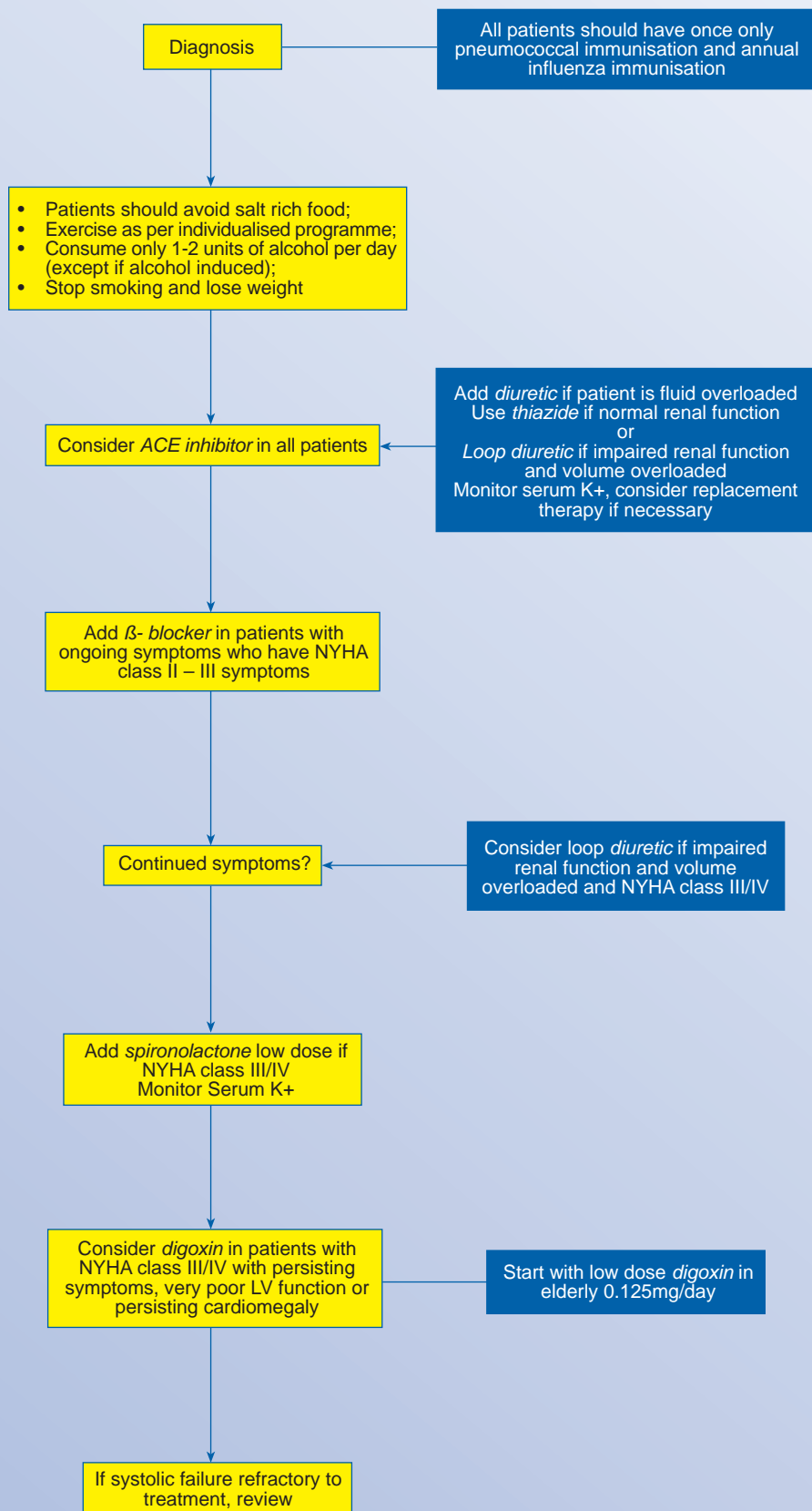NOTE: If patients truly intolerant to ACE *inhibitor,* consider *hydralazine* & *isosorbide dinitrate* combination therapy

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Chronic disease list algorithms
The new Medical Schemes Act requires that chronic diseases be diagnosed and managed according to the prescribed therapeutic algorithms for the condition, published by the Minister of Health.

Algorithms for the 25 conditions on the chronic disease list are available at http://www.medicalschemes.com .

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Glossary:
- ACE *inhibitor* – Angiotensin converting enzyme inhibitor
- Serum K+ - Serum potassium
- ß-blocker – Beta-receptor blocker
- NYHA – New York Heart Association
- LV- Left ventricular

Applicable ICD 10 Coding:
- I50 Heart failure
  - ° I50.0 Congestive heart failure
  - ° I50.1 Left ventricular failure
  - ° I50.9 Heart failure, unspecified
- I11.0 Hypertensive heart disease with (congestive) heart failure
- I13.0 Hypertensive heart and renal disease with (congestive) heart failure
- I13.2 Hypertensive heart and renal disease with both (congestive) heart failure and renal failure

Note:

1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –
   a. not be inconsistent with this algorithm;
   b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
   c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998.

3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.