



HEART FAILURE MANAGEMENT PROGRAM

**SUNSHINE COAST – WIDE BAY HEALTH SERVICE DISTRICT
BUNDABERG HOSPITAL, COMMUNITY ADULT HEALTH**

PHONE: 41502797

FAX: 41502763

Surname:

Given Names:

Date of Birth:

Sex: Male Female

Permanent Residential Address:

Postal Address:
(If different to above)

Phone: (H):

(W):

Mobile:

PRIMARY DIAGNOSIS (Please include copy of recent echo)

Systolic Diastolic EF % NYHA Class I II III IV

Principal Cardiac Event/Procedure

Date

Past History and Co-morbidities

ACS STEMI NON STEMI

Coronary Artery Bypass Graft

Valve Surgery Aortic Mitral

Other (list)

REASON FOR REFERRAL Is client aware of referral Yes No

Education Exercise Home Visits All components

ALLERGY /ADVERSE DRUG REACTION:

MEDICATIONS (select all that apply – please attach a list)

<input type="checkbox"/> Ace Inhibitor	<input type="checkbox"/> Digoxin	<input type="checkbox"/> Clopidogrel	<input type="checkbox"/> ARB
<input type="checkbox"/> Carvedilol	<input type="checkbox"/> Frusemide	<input type="checkbox"/> Asprin	<input type="checkbox"/> Nitrate
<input type="checkbox"/> Bisoprolol	<input type="checkbox"/> Spironolactone	<input type="checkbox"/> Hydralazine	<input type="checkbox"/> Warfarin
<input type="checkbox"/> Other Beta Blocker	<input type="checkbox"/> Hydrochlorothiazide	<input type="checkbox"/> Eplerone	<input type="checkbox"/> Hypoglycaemic Agents

Risk Factors for Cardiovascular Disease

<input type="checkbox"/> Previous IHD History	<input type="checkbox"/> Inactivity	<input type="checkbox"/> Overweight
<input type="checkbox"/> Family History	<input type="checkbox"/> Stress	<input type="checkbox"/> HRT
<input type="checkbox"/> High Blood Lipids	<input type="checkbox"/> Diabetes <input type="checkbox"/> Insulin	<input type="checkbox"/> Smoking
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	<input type="checkbox"/> Current <input type="checkbox"/> Previous

Please attach any additional relevant information

Referring Doctor:
(Insert Practice details)

Contact No:

Signature:

Date:

SEE EXERCISE EXCLUSION CRITERIA ON REVERSE OF PAGE

Please Fax Referrals for Heart Failure Management Program on 4150 2763

ALL REFERRALS ARE TO BE MADE DIRECTLY TO THE HEART FAILURE NURSES

CONTRAINDICATIONS FOR ENTRY INTO EXERCISE COMPONENT

- | | |
|---|---|
| <input type="checkbox"/> Resting systolic BP > 200 mmHg | <input type="checkbox"/> Resting diastolic BP > 110 mmHg |
| <input type="checkbox"/> Moderate or severe aortic stenosis | <input type="checkbox"/> Unstable Angina |
| <input type="checkbox"/> Uncontrolled tachycardia (>100) | <input type="checkbox"/> Uncontrolled atrial/ventricular arrhythmia |
| <input type="checkbox"/> Heart failure that is unstable | <input type="checkbox"/> Uncontrolled diabetes |
| <input type="checkbox"/> Recent embolism | <input type="checkbox"/> NYHA Class IV |
| <input type="checkbox"/> Third degree AV block, no pacemaker | <input type="checkbox"/> Resting ST displacement (>2mm) |
| <input type="checkbox"/> Dementia | |
| <input type="checkbox"/> Severe musculoskeletal problems that prevent exercising | |
| <input type="checkbox"/> Active pericarditis, myocarditis, pleural effusion | |
| <input type="checkbox"/> Heart Failure that has not been investigated or adequately treated | |

Heart Failure Diagnosis All patients need to have a confirmed diagnosis of heart failure. This needs to be by echocardiography.

B-Type Natriuretic Peptide (BNP) blood test is also useful in aiding diagnosis.

The main source of BNP is the **cardiac ventricle**. It is released as a result of **ventricular stretch** and acts along with the other **Natriuretic Peptides (NPs)** to oppose the action of the renin-angiotensin system. Elevated BNP levels have been found to correlate well with increased Left Ventricular Pressure, degree of dyspnoea and neurohormonal modulation in cardiac failure – leading to its use as a marker for this condition.

The Heart Failure Management Program supports the management of the health of patients diagnosed with Heart Failure, in conjunction with their General Practitioner. The program has an emphasis on education and encourages self-management, and developing lifestyle changes to enhance their health. All participants will receive 1:1 education.

The program provides referred patients access to Heart Failure Exercise component, specialised outpatient clinics, home visits and telephone support from an experienced health professional specialising in Heart Failure management.

Heart Failure Exercise Component:

Aims of the program are:

- To improve strength and endurance
- To improve cardiovascular fitness
- To improve quality of life
- Reduce anxiety

The Heart Failure Exercise component is twelve (12) weeks in length. Suitable patients will attend two (2) supervised exercise sessions. The exercise sessions are conducted in small groups. The program provides an opportunity to learn to exercise safely. Each person's exercise capacity is assessed individually prior to the program. A trained health professional then safely guides the individual in exercise activity over the twelve week program. The patient will also be encouraged to exercise at home.

Upon completion of the program participants will be given a home based exercise program and guidelines.

To refer patients to the Heart Failure Management Program:

1. Confirm the diagnosis of Heart Failure with echocardiography (Please include a copy of most recent echocardiogram report along with any other relevant reports including pathology).
2. All patients referred will be seen by the specialist heart failure nurses on a one on one basis.
3. If the patient is as an inpatient, they will be seen in hospital and then followed up at home following discharge.
4. Please consider the patients suitability for the exercise component as well as the education and self-management aspects of the program.
5. Complete and send referral directly to the Heart Failure Management Program, by fax to **41502763**

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