

A GUIDE TO HAVING A CONVERSATION WITH PATIENTS WITH HEART FAILURE ABOUT USING AN ACTION PLAN: FOR COMMUNITY PHARMACISTS



WHY USE IT?

Helping patients get an action plan for heart failure and use it properly can decrease the risk of hospitalization. 10% of patients admitted to Richmond Hospital with preventable adverse drug events had heart failure exacerbations, attributed in part, to not using a heart failure action plan.

WHEN TO USE IT:

On dispensing furosemide (or other diuretic e.g. metolazone), check if patient has other medications that may indicate that the patient has heart failure (e.g. beta blockers, ACEi/ARB, spironolactone, SGLT2i, sacubitril/ACEi etc)

1

FIND OUT WHAT THE PATIENT KNOWS ABOUT HF AND WHAT THEY CURRENTLY DO TO PREVENT EXACERBATIONS AND HOSPITAL ADMISSION:

- A.** “Your provider has prescribed a diuretic called furosemide. Sometimes we are not very good at explaining how medications help you. Can you tell me how does taking this particular medication help you?”
- B.** “What kind of symptoms do you have?”
- Do they mention symptoms of volume overload; swelling of legs or difficulty breathing?
 - Do they mention the term heart failure? If not, ask them if their doctor has used that term when they talk about their symptoms.
- C.** “What do you do to avoid your HF symptoms?”
- Do they mention daily weighing or fluid restriction?
- D.** “Did your doctor (or other provider) mention the term ‘target weight’? If yes, what is your understanding of target weight?”
- ▶ If patient is unfamiliar with the concept of fluid build up leading to symptoms and the term ‘target weight’, **continue to step 2.**
 - ▶ If patient is already following an action plan, **skip to step 5.**

You are exploring if they know they have HF, whether they attribute symptoms to build up of fluid (you will explain this concept in the next step if they do not) and whether they are currently weighing themselves, following fluid restriction and have an action plan.

2

EXPLAIN THE LINK BETWEEN FLUID BUILD UP AND SYMPTOMS, WHICH WILL PROVIDE RATIONALE FOR WEIGHING:

“Some of the symptoms of HF are leg swelling and/or being short of breath. These are symptoms that we are trying to avoid. These symptoms are due to fluid that has built up in the lungs or legs. This happens because in HF, the heart does not pump normally. So the body reacts by hanging onto fluid instead of getting rid of it. Ankle swelling is a first sign of this. Eventually that extra fluid builds up in the lungs and this can make it hard for you to breathe.”

► CONFIRM PATIENT UNDERSTANDING. ASK:

- “Just to check how well I explained that, if your relative asked you why you might be short of breath (or have leg swelling), what would you say?”

Listen for them to state in their own words that it is the result of fluid build-up. Consider explaining again or talk to a different family member if the patient cannot explain.

By explaining how weighing helps them you give this task a purpose, so they will be more motivated to do it.

Listen for them to state in their own words that it is:

- *To determine their target weight, and what their target weight means*
- *To determine when they have gained fluid as extra weight and what this means, i.e they need to take action.*

3

THIS IS POTENTIALLY PREVENTABLE; EXPLAIN HOW THEY CAN PREVENT IT:

“There is something you can do to prevent this from happening:”

- “You can measure how much extra fluid you have by weighing yourself every day. This allows you to detect the extra fluid before it causes the symptoms we just talked about. This allows you to identify your target weight. Your target weight is the weight without the extra fluid, when you can breathe well and you have no swelling.”
- “Early detection of the extra fluid will help you take early action. This is how we can reduce your risk of hospital admission. We often refer to this as an action plan to prevent worsening of heart failure symptoms.”

► CONFIRM PATIENT UNDERSTANDING. ASK:

- “I just want to make sure I explained this OK. Can you explain to me the purpose of weighing yourself everyday?”

4

CONFIRM THAT THE PATIENT CAN AND IS WILLING TO FOLLOW ACTION PLAN.

“You are going to need to weigh yourself everyday, write it in a diary, and call your doctor’s office when you put on extra fluid (as extra weight) or if you have worsening of your symptoms that we have discussed earlier. Usually, we ask you to take action when you put on 2kg over your target weight in 2 consecutive days or if you put on 2.5kg in one week. Often the doctor will want you to take an extra furosemide pill for a couple of days to get rid of the extra fluid in addition to calling their office.”

ARE YOU SEEING ANY DOCTOR OTHER THAN YOUR GP ABOUT YOUR HF? WHICH DOCTOR IS BEST TO CONTACT?

“I will call your doctor* about this. Your doctor may also want you to limit your daily fluid intake. If so, your action plan will indicate this, and I will review with you how you can do this”.

“I will give you a call when your action plan is finalized with your doctor. I can email you a copy of it and I will go over it with you over the phone. I can also make you a printed copy of your action plan if you would like. You can pick it up whenever it’s convenient.”

“Until then, you can start weighing yourself at the same time daily, preferably when you first wake up in the morning after you have gone to the bathroom but before breakfast, to determine your target weight.”

***Ask patient which doctor is best to contact (it may be a cardiologist or GP). At minimum, you can independently ask patient to start weighing themselves daily and record this in a diary to identify their target weight. Ask if they measure and record BP/HR at home. If so, they should add that to their diary. If not, suggest they can talk about that at another time.**

5

AFTER PHYSICIAN CONFIRMATION, FINAL REVIEW OF THE ACTION PLAN WITH THE PATIENT.

Review action plan with the patient using parameters indicated by physician.

“Sometimes the furosemide may cause you to lose too much fluid. This may be reflected by you losing 2kg under your target weight. If this happens you should contact your doctor as they may need to see you to reassess your furosemide dose.”

“Following your action plan will decrease your risk of worsening your heart failure symptoms. Keep it where you can easily find it.”

► CONFIRM PATIENT UNDERSTANDING. ASK:

- “To make sure I have done a good job at explaining this all to you. At what point would you need to enact your action plan? For example, if your weight now was xx Kg, what amount of furosemide would you take? What if your weight was xx kg (2kg below target), what would you do?”

Patients can also become hypovolemic due to taking furosemide. This will be reflected by losing weight. If a patient loses 2kg over any time frame they should contact their doctor to reassess their maintenance furosemide dose.

In addition, patients taking furosemide (and other SADMAN’s drugs) should receive SADMAN sick day advice** to avoid hypotension and an AKI (and euglycemic DKA with SGLT2i’s). You may elect to do this on another occasion to allow the patient to process their heart failure action plan information.

Listen for the patient to state what would need to happen for them to take extra furosemide and call their MD: E.g Take extra furosemide if I reach XX Kg (put on 2.5kg in 1 week), call my doctor’s office.

Do they tell you they will contact their doctor if they lose 2kg over any timeframe?

**<https://www.vchri.ca/richmond/pADE>

6

IDENTIFY ANY BARRIERS THAT YOU COULD HELP WITH, BY ASKING THEM HOW CONFIDENT THEY ARE:

“How confident are you (out of 10, 10 being the most) that you will be able to stick to this new routine of daily weighing and fluid restriction?”

► IF THEIR CONFIDENCE LEVEL IS BELOW 8:

- “What can we do to make you more confident?”

7

REDUCE RISK OF INTENTIONAL NON ADHERENCE BY EXPLAINING THE BENEFIT OF LONG TERM MEDICATIONS FOR HEART FAILURE (E.G. ARB/ACEi/BB/SGLT2i)

“You are taking other medications that generally work to help the heart pump better and help prevent your body from retaining extra fluid, but they take time to work. If you are currently experiencing symptoms, these medications will not immediately make you feel better, but it is important for you to know that this does not mean they are not working. When taken regularly, they will help reduce your risk of hospital admission and some may prolong your life (If patient has HFrEF). After several months, they should also help make you feel better.”

► CONFIRM PATIENT UNDERSTANDING. ASK:

- “Just to check that I explained this well, if you had to tell your family why you need to take your other meds for heart failure, what would you say?”

Listen for acknowledgement that the patient connects taking them to expected benefit such as reduced admission risk, longer life or better symptoms over the long term, but not immediately. It’s a longer term investment.

