

Top tips for Heart Failure Specialist Nurses when reviewing patients with Chronic Heart Failure in a virtual consultation

Use these top tips to assist your virtual consultation with adult patients who have been diagnosed with chronic heart failure with reduced ejection fraction.

Following clinical triage, balance of risk may favour face-to-face review.

1

Is this patient suitable for review?



- Gain consent for VR and document clearly
- Manage expectations of the review e.g. length, what it will entail
- Do you have all the information required i.e. bloods, BP, HR, weight, etc.?
- Do they have a device that can be monitored remotely? e.g. implanted or telehealth device. If so, request readings ahead of review
- Do you need an interpreter? If so book three-way call
- Any recent contacts with a HCP? What information is available?

TOP
TIPS

- ♥ If patient requires bloods or BP check, is it possible to obtain these prior to the virtual consultation?
- ♥ Is the patient using a phone, smartphone or computer? If not, could they borrow one (e.g. from family or carer)?
- ♥ Consider the use of video to enhance the consultation

2

Assessment checklist

- | | |
|--|--|
| <input checked="" type="checkbox"/> PND | <input checked="" type="checkbox"/> Chest pain |
| <input checked="" type="checkbox"/> Orthopnoea | <input checked="" type="checkbox"/> Episodes of syncope or presyncope? |
| <input checked="" type="checkbox"/> Weight gain | <input checked="" type="checkbox"/> Appetite and fluid intake |
| <input checked="" type="checkbox"/> Oedema | <input checked="" type="checkbox"/> Exercise level on flat/incline |
| <input checked="" type="checkbox"/> Bloating | <input checked="" type="checkbox"/> Increased fatigue |
| <input checked="" type="checkbox"/> Palpitations | <input checked="" type="checkbox"/> NYHA classification |



TOP
TIPS

- ♥ Ask questions regarding appropriate ADL e.g. have they taken the bins out?/ been gardening?/ walked the dog?
- ♥ Do they have any other co-morbidities that may affect these symptoms e.g. COPD?
- ♥ Ask patient if they feel that anything has changed?

3

Virtual examination – practical examples



- Can the patient move around or say a complete sentence without being breathless?
- Can you observe rate of breathing or signs of oedema?

TOP
TIPS

- ♥ Ask patient to go and get something from another room to observe breathing
- ♥ Consider asking the patient or relative to test for pitting oedema
- ♥ Can the patient move the camera to show different parts of their body?

4

Medication review

- How well is the patient managing their drugs? Are they adherent?
- Has their medication been optimised? If not, can adjustments be made?



TOP
TIPS

- ♥ Is there a family member or carer who can give an additional perspective?
- ♥ If accessible, check GP/pharmacist records to see if Rx have been collected

5

Next steps

- Following the patient assessment and examination use the information below to guide your next steps



No cause for concern

Set a next review date

- If there is no worsening of signs or symptoms
- If medication appears optimised, discharge to GP with management plan for primary care monitoring



- Ensure patient has self-care advice, e.g. use of BP monitors, device wearables, home weighing scales, online support groups, remote downloadable education for device patients etc.

- Ensure patient has contact details for HF service should symptoms deteriorate

TOP
TIPS

Follow-up review required

Where appropriate:

- Assess need for F2F review and need for other services
- Advise medication changes if necessary and inform GP promptly
- Advise GP if other co-morbidities need to be considered
- Advise of repeat bloods and arrange
- Ensure timely FU appointment is arranged
- Patients for escalation to advanced/specialist therapies will need F2F FU following MDT discussion
- Ensure patient has self-care advice and contact details for HF service should symptoms deteriorate



Urgent care needed



- For significant or worsening clinical features of HF decompensation which is difficult to manage at home, consider discussing admission or urgent secondary care assessment with HF cardiologist or physician on call
- Dial 999 if severe signs and symptoms with acute haemodynamic compromise, e.g. severe breathlessness, chest pain, palpitations and syncope

ADL = activity of daily living, BP = blood pressure, COPD = Chronic obstructive pulmonary disease, CRT = cardiac resynchronisation therapy, F2F = face to face, FU = follow up, HF = Heart failure, HR = heart rate, MDT = multidisciplinary team, NYHA = New York Heart Association, PND = paroxysmal nocturnal dyspnoea, Rx = prescription, VR = virtual review

This infographic has been developed and funded by Novartis. It has been produced in collaboration with Ms Carys Barton and Dr Jim Moore. This infographic is endorsed by the Primary Care Cardiovascular Society (PCCS) and the British Society for Heart Failure (BSH).

NYHA symptom grading

- NYHA I - No symptoms
- NYHA II - Mild symptoms (e.g. walking)
- NYHA III - Marked limitation
- NYHA IV - Severe limitation (e.g. at rest)