

A Primer on CHF Management During the COVID-19 Pandemic

Acknowledge change in environment impacting practice and reduction in access to resources

OVER-RIDING PRINCIPLES

- 1 All of our patients are at high risk if they become infected with the morbidity/mortality exceeding that of the underlying CHF.
- 2 Reducing risk of exposure and promotion of self-isolation becomes the top priority
- 3 Non- COVID care needs to continue, especially to reduce need for emergency services and potential for COVID exposure
- 4 Some CHF meds have an immediate benefit for mortality and hospitalization, some are more beneficial over time.
- 5 Some CHF meds are easier to implement than others.

THEREFORE

- 1 Develop a strategy for telephone and videoconferencing to replaces most if not all clinical encounter.
- 2 Telephone scripts to identify COVID risk and ensure self-isolation promoted including supports, prescription renewals, etc.
- 3 Reduce need for lab testing to only priority. oi need labs, develop system to reduce exposure (? labs in the home, booking ahead, etc.)
- 4 Promotion of self -management including sliding scale diuretics for appropriate patients which requires additional education
- 5 Focus home visits or f/u on only the highest risk group identified by the telephone script.
- 6 Continue current medications related to CHF
- 7 Continue to initiate medications for highest risk patient (hospitalized, recent D/C recurrent admissions)
- 8 Continue to uptitrate meds that do not require additional lab tests or investigations
- 9 Don't initiate medications were the side effects may mimic COVID 19 symptoms ie. ACE-I
- 10 Don't up titrate if labs are needed
- 11 Initiate medications that have an anticipated short-term benefit in most patients
- 12 Implement simplified algorithm for use of SGLT2 meds in diabetics and non-diabetics.
- 13 Screening tool to help differentiate CHF exacerbation from COVID related symptoms.
- 14 Explore use of e-consults and telephone consults to provide support for primary care and other CHF providers.
- 15 Consider specific focus on high risk locations including nursing homes and videoconferencing.