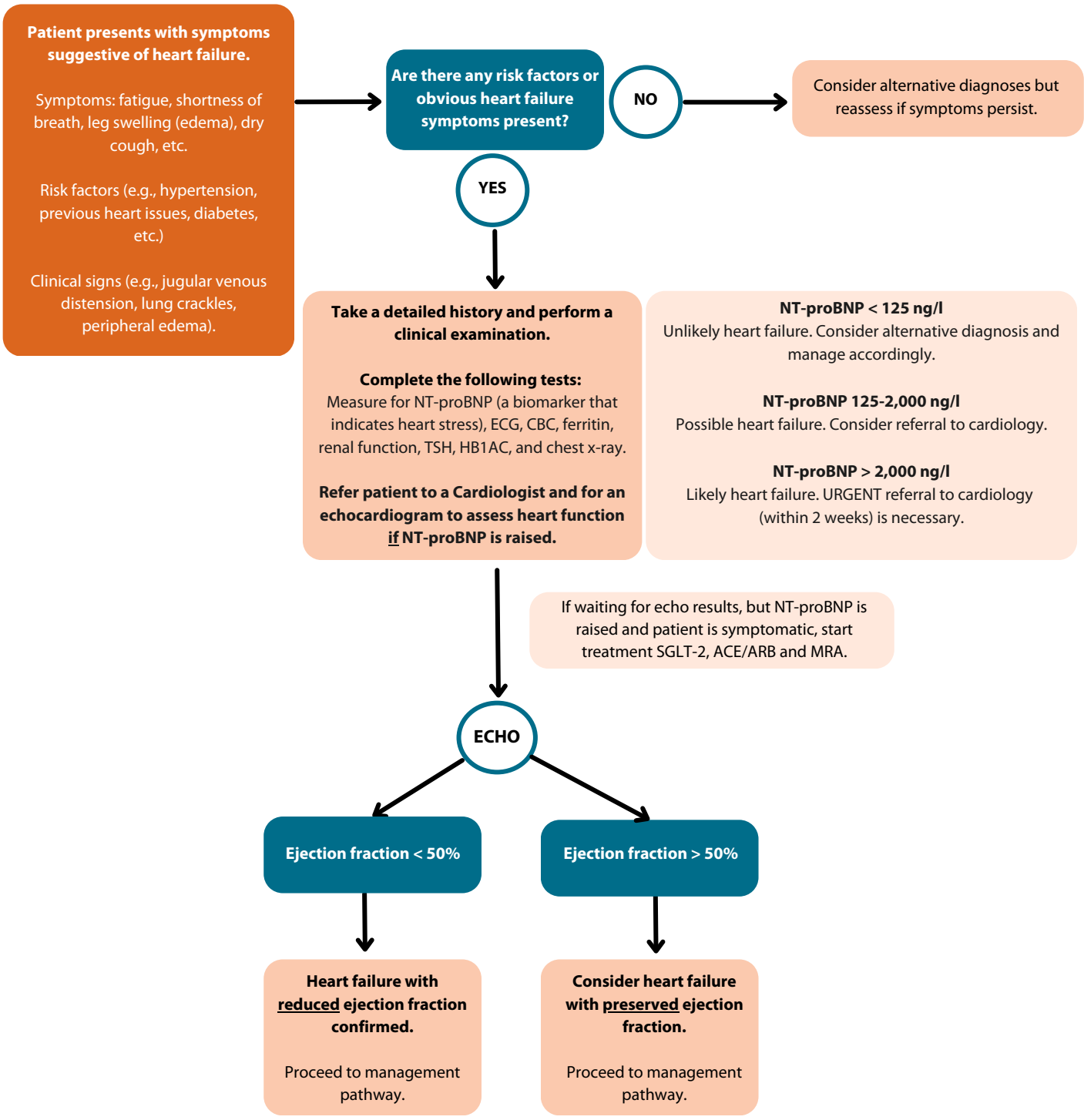
Ridge Meadows
Division of Family Practice
A GPSC initiative

SharedCare
Partners for Patients

Diagnosing Chronic Heart Failure

This pathway aims for early diagnosis, treatment, collaborative care, and improved patient outcomes.

Last update: February 5, 2025



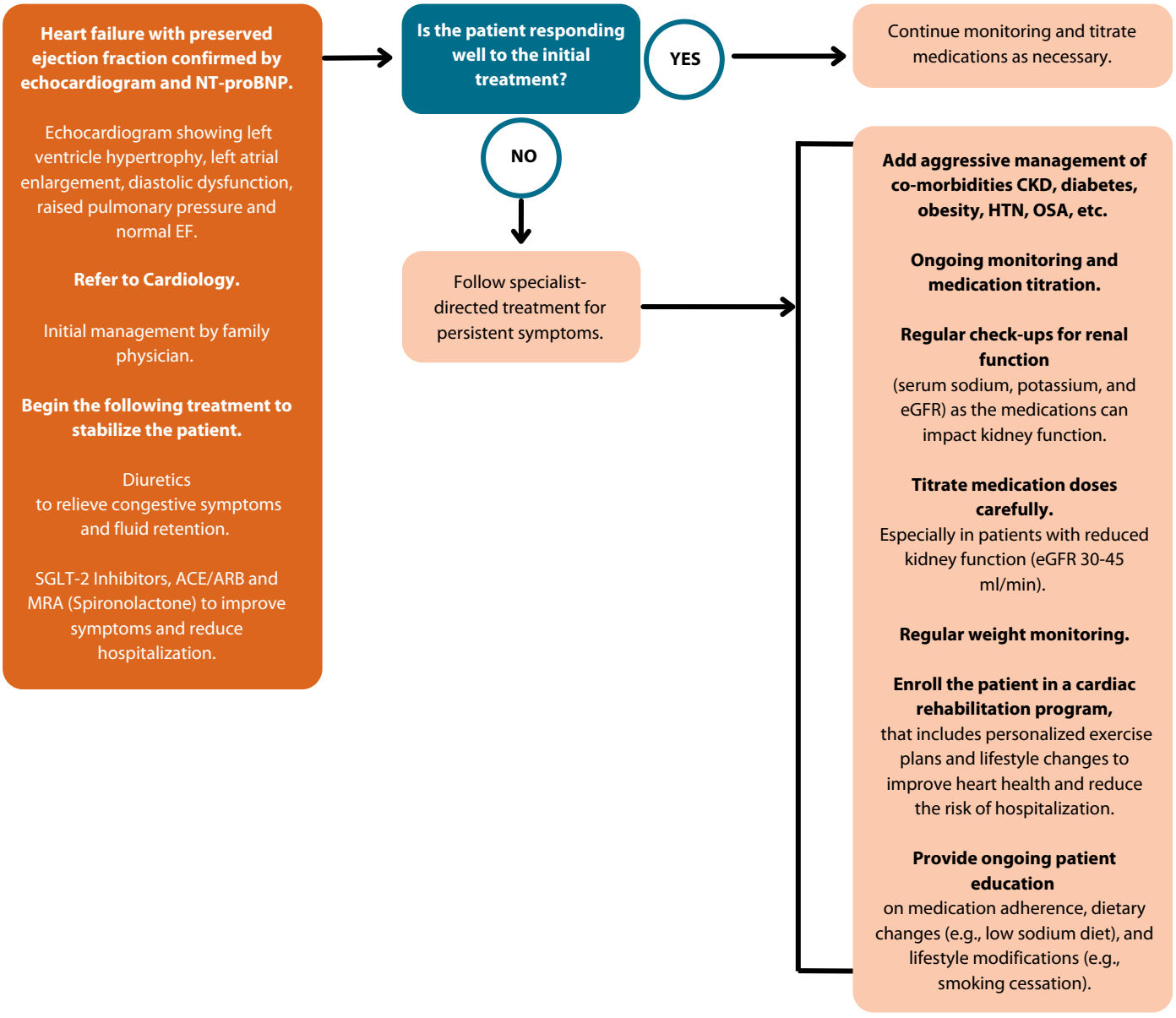
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Management of Heart Failure with Preserved Ejection Fraction (HFpEF)

This pathway aims for early diagnosis, treatment, collaborative care, and improved patient outcomes.

Last update: February 5, 2025



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Management of Heart Failure with Reduced Ejection Fraction (HFrEF)

This pathway aims for early diagnosis, treatment, collaborative care, and improved patient outcomes.

Last update: February 5, 2025

Heart failure with reduced ejection fraction confirmed by echocardiogram and NT-proBNP.

Refer to Cardiology.

Initial management by family physician.

Begin the following treatment to stabilize the patient.

Diuretics
to relieve congestive symptoms and fluid retention.

ACE Inhibitors/ARB, SGLT-2 Inhibitors, Beta Blockers (BB), and Spironolactone (MRA) to improve heart function.

→ **Is the patient responding well to the initial treatment?**

YES → Continue monitoring and optimize medications to the maximum tolerated dose.

NO → Follow specialist-directed treatment for persistent symptoms.

Are symptoms improving after specialist-directed treatment?

YES → Continue monitoring and titrate medications as necessary.

NO → Consider advanced interventions for patients with persistent or worsening symptoms.

Cardiac Resynchronization Therapy (CRT)
for patients with electrical conduction abnormalities (e.g., bundle branch block) to help synchronize heartbeats.

Implantable Cardioverter Defibrillator (ICD)
for patients at high risk of life-threatening arrhythmias.

Are these advanced interventions improving the patient's condition?

YES → Continue monitoring and titrate medications as necessary.

NO → Further specialist evaluation and/or palliative care discussions may be necessary.

Replace ACEI with Sacubitril Valsartan (ARNI)
if the ejection fraction is below 40% and the patient continues to have symptoms.

Add Ivabradine
for patients in sinus rhythm with a heart rate > 75 bpm and an ejection fraction < 40%.

Regular check-ups for renal function
(serum sodium, potassium, and eGFR) as the medications can impact kidney function.

Titrate medication doses carefully
especially in patients with reduced kidney function (eGFR 30-45 ml/min).

Regular weight monitoring.

Enroll the patient in a cardiac rehabilitation program,
that includes personalized exercise plans and lifestyle changes to improve heart health and reduce the risk of hospitalization.

Begin Advance Care Planning.

Provide ongoing patient education
on medication adherence, dietary changes (e.g., low sodium diet), and lifestyle modifications (e.g., smoking cessation).

Ongoing monitoring and medication titration.