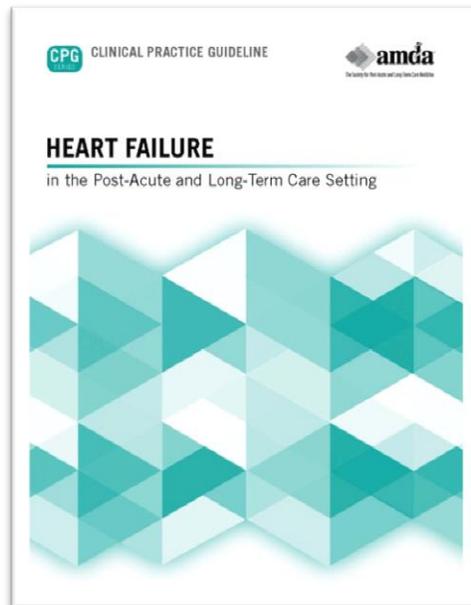


Heart Failure in the Post-Acute and Long Term Care Setting - Clinical Practice Guideline



Continuing Professional Education Self-Study Course

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Clinical Practice Guideline - CPE Self-Study Course**

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Acknowledgements

Continuing Professional Education Program Self-Study Course

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Carefully review the contents of this program. Keep in mind the practical applications it has for you in your individual setting. The focus is to increase your knowledge and application of the subject matter. For multiple choice questions select the one best answer from the choices given.

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Course Expiration Date Must be completed prior to this date	Continuing Education Hours	CDR Level
June 11, 2020	2	II

Course Description

The AMDA Clinical Practice Guideline *Heart Failure in the Post-Acute and Long Term Care Setting* is intended to help clinicians recognize, assess, and manage patients with heart failure.

Heart failure is a complex clinical syndrome that results from any structural or functional disorder that impairs the ability of the ventricles to fill with or eject blood at a rate needed by the body. It is a progressive disease associated with decreased life expectancy. About 10 per 1000 individuals aged over 65 will develop heart failure, and it is a common condition in post-acute care settings. Nutrition assessment can help identify potential interventions for patients with heart failure in the post-acute and/or long-term care setting.

Course Learning Objectives

After completion of this continuing education program, the learner should be able to:

1. Know the symptoms of heart failure.
2. Understand lifestyle modifications that can help manage/treat heart failure in the post-acute/long-term care setting.
3. Understand the role of weight changes in monitoring and managing heart failure.

Suggested CDR Learning Needs Codes

- 3040 Food consumption, fluid balance
- 5040 Long-term care, intermediate, assisted living
- 5100 Elderly
- 5160 Cardiovascular Disease

Additional CDR Learning Needs Codes that may apply: 3060, 4190, 5410, 5430

- 8.1.4 Demonstrates knowledge of nutrient requirements throughout the life span and their role in health promotion and disease management
- 8.1.5 Applies medical nutrition therapy in disease prevention and management.
- 8.2.3 Implements individualized services to reflect customer-centered approach as it pertains to the customer's physical, social, cultural, institutional and economic environment.
- 10.2.8 Establishes the plan of care, directly addressing the nutrition diagnosis in collaboration with the patient in defining the time, frequency and duration of the intervention.

Additional CDR Performance Indicators that may apply: 10.2.9

Note: Numerous Other Learning Needs Codes and Performance Indicators May Apply.

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**Continuing Professional Education Self-Assessment Test
and Answer Key**

Mrs. Andrews is an 88 year old woman recently admitted to a skilled nursing facility. She has a primary diagnosis of heart failure (Class III, based on New York Heart Association classification) as well as type 2 diabetes mellitus and mild dementia.

Her height is 63 inches, weight is 153 pounds on admission, body mass index is 27.1. Medications include Lasix 60 mg/day, Metformin 500 mg BID, and Namenda 10 mg BID.

Mrs. Andrews has been hospitalized twice in the past 6 months with exacerbations of her heart failure and is now a long-term patient/resident who is not anticipated to go home. Staff is monitoring her each shift for symptoms of a heart failure exacerbation.

She is on a regular diet but tries to avoid foods that are high in sodium and has a 1500 mL fluid restriction daily. Mrs. Andrews is able to ambulate using a walker, but sometimes uses a wheelchair when she moves around the facility.

1. Goals of treatment for Mrs. Andrews include improved quality of life, preventing exacerbations, managing symptoms, and:
 - a. Reducing her pill burden
 - b. Curing her heart failure with medications
 - c. Sending her to the hospital if she gains more than 3 pounds each week
 - d. **Increasing her tolerance of activity and exercise (page 2)**

2. Mrs. Andrews will be monitored daily for a heart failure exacerbation. Symptoms of a heart failure exacerbation include increasing bilateral lower extremity edema, increased fatigue, weight gain, and _____.
 - a. Low blood pressure
 - b. Increased alertness
 - c. **Difficulty breathing (page 3)**
 - d. Decreased pulse

3. Which of the following is considered the gold standard for assessing fluid retention in patients like Mrs. Andrews?
 - a. Increasing edema
 - b. **Weight changes (page 4)**
 - c. Elevated BNP
 - d. Shortness of breath

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4. Mrs. Andrews gets weighed 3 times weekly and the doctor is notified if she gains more than 3 pounds between each weighing. Which of the following can help staff to be sure her weights are an accurate assessment of changes in fluid balance?
 - a. Obtain her weight the same time every day (page 4)
 - b. Obtain her weight after a meal to be sure she is fully hydrated
 - c. Obtain her weight before breakfast and before voiding
 - d. Weigh her standing if possible, but use a wheelchair weight if necessary

5. Labs are drawn on Mrs. Andrews every 2 weeks. Which of the following changes in lab values might be an indicator of a poor cardiac prognosis?
 - a. High serum glucose
 - b. Low serum potassium
 - c. Low B-type natriuretic peptide(BNP)
 - d. Low serum sodium (Table 7 page 9)

6. Mrs. Andrews frequently asks for additional fluids, even though she knows that she is on a fluid restriction. She enjoys a very large cup of coffee each morning and likes to drink water throughout the day. After the physician discussed the risks and benefits of a fluid restriction with Mrs. Andrews, she still wanted to drink fluids freely. The doctor agreed to discontinue the fluid restriction because _____.
 - a. Mrs. Andrews has mild dementia and doesn't really understand the consequences of her choices.
 - b. Drinking fluids as desired will improve Mrs. Andrew's quality of life (page 13).
 - c. The fluid restriction is affecting her nutritional status.
 - d. Mrs. Andrew's recent lab results indicate a fluid restriction is no longer needed.

7. Which of the following supplements might have a positive effect on Mrs. Andrew's heart failure?
 - a. A multivitamin
 - b. Vitamin E
 - c. Cranberry tablets
 - d. Omega-3 fatty acids (page 25)

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8. Exercise is recommended as part of cardiovascular rehabilitation for patients with heart failure. A goal of exercise for Mrs. Andrews is ____.
- a. To facilitate functional independence (Appendix 3 page 53)
 - b. To decrease aerobic fitness
 - c. To increase her ability to ambulate
 - d. To perform vigorous physical activity
9. As Mrs. Andrew's condition changes, the physician is considering adding new medications to her treatment plan. Which medication could result in a decreased appetite?
- a. Lisinopril
 - b. Aldactone
 - c. Digoxin (page 24)
 - d. Zaroxolyn
10. Mrs. Andrews has indicated that she knows her condition is declining and that she does not want extraordinary measures to prolong her life. Which of the following is not a goal of care as her heart failure advances to end-stage?
- a. Maximizing her quality of life
 - b. Repeated hospitalizations to treat symptoms (page 30)
 - c. Managing symptoms with medications
 - d. Relieving her suffering