## CARDIAC FAILURE

**Diagnosis**

- Patients should avoid salt rich food.
- Exercise as per individualised programme.
- Consume only 1-2 units of alcohol per day (except if alcohol induced).
- Stop smoking and lose weight

**All patients should have once only pneumococcal immunisation and annual influenza immunisation**

**Consider ACE inhibitor in all patients**

**Add β-blocker in patients with ongoing symptoms who have NYHA class II – III symptoms**

**Continued symptoms?**

**Add diuretic if patient is fluid overloaded**

**Use thiazide if normal renal function**

**Loop diuretic if impaired renal function and volume overloaded**

**Monitor serum K+, consider replacement therapy if necessary**

**Consider loop diuretic if impaired renal function and volume overloaded and NYHA class III/IV**

**Add spironolactone low dose if NYHA class III/IV**

**Monitor Serum K+**

**Consider digoxin in patients with NYHA class III/IV with persisting symptoms, very poor LV function or persisting cardiomegaly**

**Start with low dose digoxin in elderly 0.125mg/day**

**If systolic failure refractory to treatment, review**

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### Chronic disease list algorithms

The new Medical Schemes Act requires that chronic diseases be diagnosed and managed according to the prescribed therapeutic algorithms for the condition, published by the Minister of Health.

Algorithms for the 25 conditions on the chronic disease list are available at [http://www.medicalschemes.com](http://www.medicalschemes.com).

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### Glossary:

- **ACE inhibitor** – Angiotensin converting enzyme inhibitor
- **Serum K+** – Serum potassium
- **β-blocker** – Beta-receptor blocker
- **NYHA** – New York Heart Association
- **LV** – Left ventricular

### Applicable ICD 10 Coding:

- I50 Heart failure
  - I50.0 Congestive heart failure
  - I50.1 Left ventricular failure
  - I50.9 Heart failure, unspecified
- I11.0 Hypertensive heart disease with (congestive) heart failure
- I13.0 Hypertensive heart and renal disease with (congestive) heart failure
- I13.2 Hypertensive heart and renal disease with both (congestive) heart failure and renal failure

### Note:

1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –
   - **not** be inconsistent with this algorithm;
   - **be** developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
   - **comply** with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998.
3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.

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**NOTE:** If patients truly intolerant to ACE inhibitor, consider hydralazine & isosorbide dinitrate combination therapy