

Heart Failure

Heart failure (HF) is a clinical syndrome where the heart muscle fails to provide an adequate amount of oxygen-carrying blood flow to meet the body's demand. HF can be caused by left or right ventricular dysfunction. Left-sided heart failure is often characterized by symptoms of shortness of breath and rales (crackles heard at the lung base). Right-sided heart failure is associated with peripheral edema. Most frequently, right and left heart failure occur together. The most common cause of HF is ischemic cardiomyopathy of coronary artery disease, which enlarges the ventricles. Other common causes of heart failure include poorly controlled hypertension, myocarditis, cardiomyopathy, valve disease, and hyperthyroidism. Drug therapy is the primary HF treatment. Underlying conditions such as hypertension, coronary artery disease, and arrhythmia must be treated. Medications including diuretics and digoxin may be needed. Surgical treatment of heart failure may include pacemaker and defibrillator implants, coronary artery bypass or angioplasty, and repair of congenital heart and valvular heart disorders. The signs and symptoms of heart failure can improve and may disappear when HF is controlled and compensated, but this control does not cure the underlying cause of the failure. Some forms of heart failure may be curable such as right heart failure due to pulmonary embolism which generally resolves after treatment of the embolism.

If your client is known to have a history of HF, please answer the following:

1. What was the cause of HF?

2. When was the diagnosis made

3. Has your client had surgical heart repair?

Yes, type: _____

date? _____

No _____

4. Does your client have a history of any of the following (please provide details):

Hypertension

Coronary artery disease

Chronic obstructive pulmonary disease

Pacemaker _____

5. Has an angiogram, echocardiogram, stress test, or heart scan been done?

If Yes, (please provide a copy)

No

6. Is your client on any medications?

If Yes (Please give details)

7. Does your client have any other major health problems (ex: cancer, diabetes, etc.)?

If Yes (Please give details)

8. Has your client smoked cigarettes or any other form of tobacco in the last 12 months?

If Yes please give details. _____