

# Heart Failure

## Focused History

1. **Interval history:** Brief background: Cause of heart failure (HF)? Have they been well controlled? Have they been hospitalized? What has happened since last office visit? Any medical or social changes?
2. **Patient understanding** of condition and management.
3. **Compliance:**
  - Diet: Salt restriction? Low fat?
  - Medications?
  - Exercise?
  - Special: Checking blood pressure if indicated or weighing themselves. Do they know what to do if weight increases?
4. **Symptoms:** Dyspnea, weakness or fatigue, edema, paroxysmal nocturnal dyspnea—quantifies their ability to exercise (can use New York Heart Association criteria, or just tell what they can and can't do).
5. **Anticipated complications:**
  - Presyncope: Arrhythmia is the single most common cause of death in HF.
  - Decreased exercise tolerance, continued decline in cardiac function.
  - Medication-related symptoms: Nausea or visual problems if on digoxin, urinary incontinence from diuretics, lightheadedness or palpitations from vasodilators, etc. Use a drug reference to check for side effects or interactions of unfamiliar drugs.
  - Financial or family problems from the disease (includes problems paying for meds).

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## Focused Physical Exam

Look for signs of the disease or condition and signs of anticipated complications—this takes thought. The extent of the physical exam is also guided by the patient's history, and so the following list is not exhaustive.

1. **Overall appearance:** This is part of the physical exam and should be documented for any chronic condition.
2. **Mental status:** Alertness may be relevant in severe CHF.
3. **Vital signs:**
  - Blood pressure (BP), pulse (includes regularity), respiratory rate. Hints: Pulse rate can be a check for compliance with beta-blockers. Consider if orthostatic BP indicated.
4. **Weight and height** (or BMI). Note change in weight from previous examinations.
5. **Cardiovascular and pulmonary exam:** Inspection of neck veins, PMI size and location, any ectopic impulses.
6. **Auscultation:** S1, S2, gallops, murmurs (where are the murmurs (location, shape and intensity, radiation)
7. **Abdomen:** Ascites, hepatomegaly, H-J reflux.
8. **Edema**