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Short Communication

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## Changing the Approach to Congestive Heart Failure Management

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### Abstract

Congestive heart failure is an extremely prevalent condition that has a large impact on the global burden of health with frequent readmission rates. In order to minimize these hospital readmissions and improve overall patient outcomes, healthcare teams should work with patients to find a plan of care all can agree on, especially when related to dietary and fluid restrictions and the impact of adherence to these restrictions on medication regimen efficacy

**Keywords:** Cardiac; Dietary restrictions; Fluid and sodium in CHF; Patient-centered care

### Introduction

When patients with Congestive Heart Failure (CHF) are admitted to the hospital the healthcare team focuses on treatment aspects from many angles to manage the patient's disease process. In addition to diagnostic testing and laboratory panels, there is a significant focus on assessing weight gain, initiating diuresis, and making changes to prescriptions. Nurses spend considerable time educating patients and family members about the importance of low-sodium diets and the need to restrict oral intake of liquid in order to prevent fluid overload and the clinical manifestations associated with it. The ultimate goal is to achieve euvolemia and prevent early hospital readmissions and death.

### History of Disease

Nearly 65 million people worldwide have been diagnosed with CHF while nearly 1-2% of the population of developed countries report known heart failure diagnoses [1]. The prevalence of CHF leads to a large economic burden and growing health concerns within the community. CHF causes both interstitial and intravascular congestion, which is most often treated by loop diuretics. These diuretics most often assist in the correction of intravascular congestion as the amount of circulating blood volume decreases, but the interstitial congestion is often unassisted as the increase in serum osmolality from the use of these diuretics impedes the body's ability to move fluid back into circulation from the tissues [2].

### Current Practice Challenges

Currently, patients with CHF are admitted to the hospital for diuresis and the monitoring of weight, edema, and fluid overload. With a goal of euvolemia, patients frequently are placed on dietary restrictions including the restriction of dietary sodium, often to 2 grams of sodium per day or less, and the restriction of fluid intake, many times ranging to 1,500 mL to 2,000 mL in 24 hours [3]. This approach is thought to prevent patients from replacing the fluid being removed by the diuretics and reducing the amount of sodium causing the patient to retain the fluid. Dietary salt restriction with different thresholds is frequently regarded as an inevitable part of the treatment and management of hypertension and cardiovascular disease and is often included in literature recommendations as established evidence. However, the literature reporting on the efficacy of these sodium and fluid restrictions are vague and inconclusive [4].

Placing patients on fluid and sodium restrictions while adjusting their diuretics and medications puts patients in a false ideal situation. By adjusting the medications and diuretics while the patient has intake and output closely monitored, weight is being measured consistently daily, and food comes from an in-house kitchen following a prescribed diet, the patient is likely to have an improved clinical picture. In order for these changes to work consistently, and prevent early readmission to the hospital, the patient must maintain those same ideal conditions in an outpatient environment. According to Yetkin, et al. [5], patients with CHF demonstrate poor adherence rates to dietary salt and fluid restriction. Overall, 29% of patients adhere to their prescribed low-sodium diet, whereas 45% adhere to a restriction of fluid intake. Patients give many reasons for their lack of adherence to these prescribed diets such as experiencing increased thirst from the diuretics, dislike of food taste without sodium, the inability to afford low-sodium or non-processed food options, and the feeling that they can return to the hospital to have medications and diuretics adjusted if they find themselves fluid overloaded again.

### **Potential Change**

While every effort should be made to educate patients and family members about the disease and disease process, the importance of exercise, good nutrition, adherence to prescribed treatment regimens, and overall health promotion, the healthcare team should continue to track the data regarding adherence rates in order to determine a successful plan. Readmitting patients to hospitals to be “tuned up” under ideal circumstances only to return to varying lifestyle habits upon discharge perpetuates a revolving door in already overcrowded hospitals. Perhaps the future of CHF management will resemble healthcare teams evaluating the patient’s dietary choices and surveying their activity level in order to establish a more realistic patient baseline with realistic circumstances versus the ideal environment that are not followed after discharge. This evaluation of the patient’s activities and choices while being hospitalized in conjunction with medication titration and prescription adjustments reflects patient-centered care and a willingness of the healthcare teams to pivot from traditional guidelines that are not being followed in an effort to find a solution and improve outcomes for patients with CHF.

### **Main Conclusion**

Healthcare teams must establish an understanding of patients’ baselines and work together with the patients to provide patient-centered care, agreeing upon a plan of care that works for all parties.

### **Conflicts of Interest**

The author declares that there is no conflict of interest regarding the publication of this paper.

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### **References**

1. Boorsma EM, Ter Maaten JM, Damman K, et al, (2020) Congestion in heart failure: a contemporary look at physiology, diagnosis and treatment. *Nature Reviews Cardiology* 17: 641-655.
2. Groenewegen A, Rutten FH, Mosterd A, et al. (2020) Epidemiology of heart failure. *European journal of heart failure* 22: 1342-1356.
3. Khan MS, Jones DW, Butler J (2020) Salt, no salt, or less salt for patients with heart failure? *The American Journal of Medicine* 133: 32-38.
4. Senturk B, Kaya H, Celik A, et al. (2021) Noncompliance with dietary salt restriction and outcomes in chronic heart failure: A Propensity score matching analysis from TREAT-HF registry. *Medical Bulletin of Haseki/Haseki Tip Bulteni* 59.
5. Yetkin E, Cuglan B, Turhan H, et al. (2019) Sodium restriction, water intake, and diuretic regimen in patients with congestive heart failure. *Heart & Lung: The Journal of Cardiopulmonary and Acute Care* 48: 467-468.