

## CFC ADMISSION AND TITRATION PLAN

Last Name <i>(Legal)</i>	First Name <i>(Legal)</i>
Preferred Name ■ Last ■ First	DOB <i>(dd-Mon-yyyy)</i>
Personal Health Number	ULI ■ Same as PHN

Nurse Clinicians(NC) may titrate Heart Failure (HF) medications and arrange follow up blood work or diagnostic monitoring per CFC reference document in collaboration with the patient's most responsible provider (MRP). MRP to ensure patient's current HF medications are reviewed, and titration plan is completed to allow for guideline based Nurse Clinician HF medication management.

<ul style="list-style-type: none"> <li>Current/Last Documented Weight (if available): _____kg</li> <li>If blood pressure and heart rate are outside parameters per CFC reference document, NC to discuss with MRP. Unless otherwise indicated by MRP below.</li> <li>Please refer to CFC guidance document for drug specific titration and/or monitoring guidelines</li> <li>ECG on admission to clinic if not done within 1 month or at NC discretion</li> <li>SCr, electrolytes, urea in 1-2 weeks after dose changes per CFC guidance document and per NC discretion unless otherwise indicated by MRP below</li> </ul>
<b>Beta Blockers</b> <input type="checkbox"/> Not indicated due to: _____
<input type="checkbox"/> carVEDilol _____mg PO BID, titrate to target dose of 25 mg PO BID. Greater than 85kg 50mg BID.
<input type="checkbox"/> bisoPROLOl _____mg PO daily, titrate to target dose of 10 mg PO daily
<input type="checkbox"/> metoPROLOL _____mg PO BID, titrate to target dose of 100 mg PO BID
<input type="checkbox"/> Other titration/ dosing instructions:
<b>Mineralocorticoid Receptor Antagonist (MRA)</b> <input type="checkbox"/> Not indicated due to: _____
<input type="checkbox"/> spironolactone _____mg PO daily, titrate to target dose of 25mg-50mg PO daily
<input type="checkbox"/> eplerenone _____mg PO daily, titrate to target dose of 25mg-50mg PO daily
<input type="checkbox"/> Other titration/ dosing instructions:
<b>Sodium-glucose cotransporter-2 inhibitors (SGLT2I)</b> <input type="checkbox"/> Not indicated due to: _____
<input type="checkbox"/> dapagliflozin 10 mg PO daily
<input type="checkbox"/> empagliflozin 10 mg PO daily
<input type="checkbox"/> Other titration/ dosing instructions:
<b>Angiotensin Receptor - Neprilysin Inhibitor (ARNI)</b> <input type="checkbox"/> Not indicated due to: _____
<input type="checkbox"/> sacubitril/valsartan _____ / _____mg PO BID, titrate to target dose of 97/103 mg PO BID
<input type="checkbox"/> Other titration/ dosing instructions:
<b>Angiotensin Converting Enzyme Inhibitor (ACEI)</b> <input type="checkbox"/> Not indicated due to: _____
<input type="checkbox"/> perindopril _____mg PO daily, titrate to target dose of 4-8mg PO daily
<input type="checkbox"/> ramipril _____mg PO daily, titrate to target dose of 10 mg PO daily or 5mg PO BID
<input type="checkbox"/> lisinopril _____mg PO daily, titrate to target dose of 20-35 mg PO daily
<input type="checkbox"/> Other titration/ dosing instructions:
<b>Angiotensin Receptor Blocker (ARB)</b> <input type="checkbox"/> Not indicated due to: _____
<input type="checkbox"/> candesartan _____mg PO daily, titrate to target dose of 32mg PO daily
<input type="checkbox"/> valsartan _____mg PO BID titrate to target dose of 160 mg PO BID
<input type="checkbox"/> telmisartan _____mg PO daily, titrate to target dose of 80 mg PO daily
<input type="checkbox"/> losartan _____mg PO daily, titrate to target dose if 100mg PO daily
<input type="checkbox"/> Other titration/ dosing instructions:

**MD Name:** \_\_\_\_\_

**MD Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (yyyy-Mon-dd)

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<b>Diuretics</b>	<input type="checkbox"/> Not indicated due to: _____	
<ul style="list-style-type: none"> <li>NC to assess for increase in furosemide or use of prn dosing per CFC diuretic dosing table when patient meets the following criteria:               <ul style="list-style-type: none"> <li><b>Either</b> sustained weight gain of 4 lbs (approx. 2.0 kg) over 48 hours, or 5 lbs (approx. 2.5kg) within a week without symptomatic hypotension</li> <li><b>Or</b> increased dyspnea/orthopnea occurring with elevated jugular venous pressure (JVP) or lung crackles or increased edema</li> </ul> </li> <li><b>Ensure all CFC patients have a PRN furosemide order</b></li> </ul>		
<input checked="" type="checkbox"/> <b>furosemide</b> _____mg PO prn x _____doses hold if weight less than target weight		
<input type="checkbox"/> metOLazone _____mg PO prn x _____doses hold if weight less than target weight		
<input type="checkbox"/> furosemide _____mg PO <input type="checkbox"/> Daily <input type="checkbox"/> BID		
<input type="checkbox"/> metOLazone _____mg PO <input type="checkbox"/> Daily <input type="checkbox"/> BID		
<input type="checkbox"/> Other titration/ dosing instructions: _____		
<b>hydrALAZINE/nirates</b>		
<input type="checkbox"/> hydrALAZINE: _____mg PO <input type="checkbox"/> TID <input type="checkbox"/> QID		
<input type="checkbox"/> nitrate: _____		
<b>Cardiac Glycosides</b>		
<input type="checkbox"/> digoxin _____mg PO daily		
<b>Sinus Node Inhibitor</b> <input type="checkbox"/> Not indicated due to: _____		
<input type="checkbox"/> ivabradine _____mg PO BID, titrate to target dose of 7.5 mg BID		
<input type="checkbox"/> Other titration/ dosing instructions: _____		
<ul style="list-style-type: none"> <li>Consider if LVEF is less than 40%, normal sinus rhythm and symptomatic despite quadruple therapy</li> </ul>		
<b>Potassium Management</b>		
<ul style="list-style-type: none"> <li>Indicate how you wish to treat the patient's potassium</li> </ul>		
<input type="checkbox"/> Treat hyper/hypokalemia <b>per CFC reference document</b>		
<input type="checkbox"/> Serum Potassium of _____mmol/L to _____mmol/L does <b>NOT</b> require treatment		
<ul style="list-style-type: none"> <li>If patients require further treatments, procedures or referrals not listed below, the MRP office will arrange and communicate with NC</li> <li>Referrals to Social Work, Dietician, Hearts and Minds Clinic, Diabetes Educator may be made per NC discretion</li> </ul>		
<input type="checkbox"/> <b>I will arrange follow up Echocardiogram (Echo)</b>		
<b>Please refer/order the patient for the following:</b>		
<input type="checkbox"/> Echo in _____months	<input type="checkbox"/> BP Monitor	<input type="checkbox"/> Cardiac Wellness
<input type="checkbox"/> CMRI in _____months	<input type="checkbox"/> 24/48 hour Holter monitor	<input type="checkbox"/> Sleep study
<input type="checkbox"/> MUGA in _____months	<input type="checkbox"/> Cardiac Device Clinic for ICD +/- CRT	
<input checked="" type="checkbox"/> If no boxes are checked, CFC to arrange Echo in 6 months		

### Other medications / referrals:

I will see the patient in person for review in \_\_\_\_\_months (Patient's actively followed by CFC must see MRP a minimum of every 12 months in person or per NC discretion per provider agreement)

**MD Name:** \_\_\_\_\_

**MD Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (yyyy-Mon-dd)