Understanding Heart Failure 25th September 2022

The webinar will begin shortly

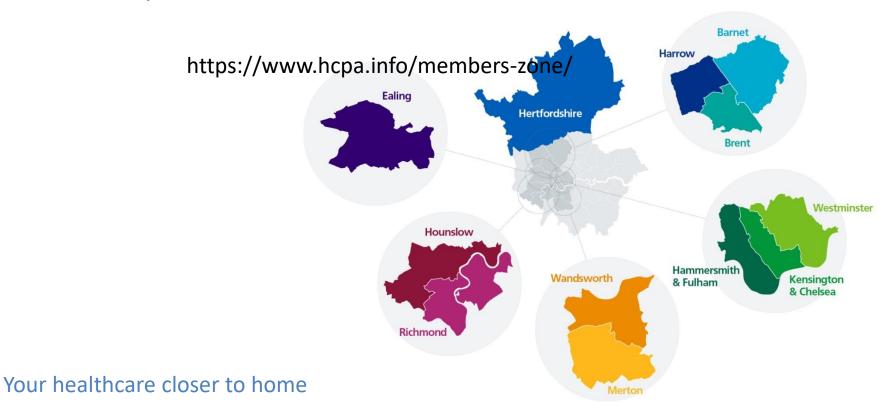






Understanding Heart Failure

Deborah Booth Heart Failure Specialist CNS



Aim of session



Increase awareness of signs and symptoms of heart failure.

Objectives

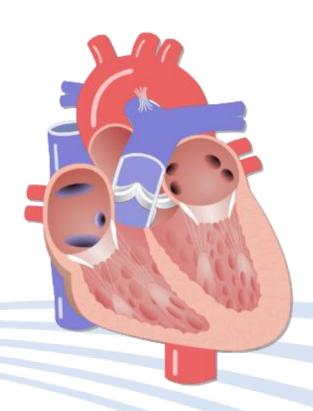


- To gain a basic understanding of heart failure
- To be able to recognition signs and symptoms
- To know who to escalate your concerns to

The Heart



- Is the driving pump of the circulatory system
- One-way system of blood flow.
- Has its own blood supply- coronary arteries
- Has its own conduction system.



The heart – what does it do?

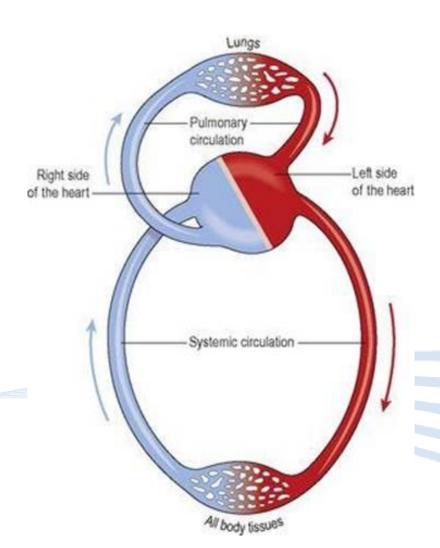
it's a pump

On average

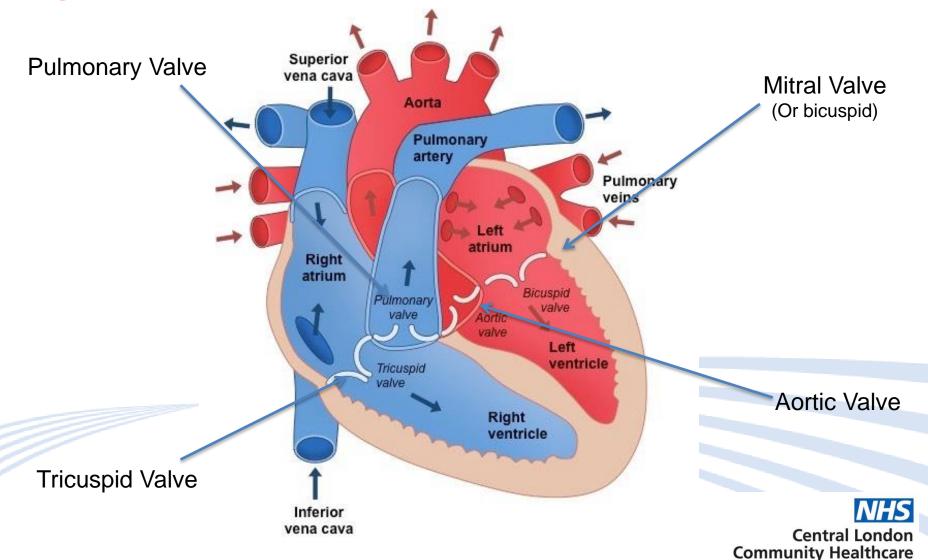
- pumps 5-7 litres of blood every minute
- beats 100,000 times per day
- one heart beat: 70-100 mls of blood leaves the heart to order to provide enough oxygen for the entire body



The heart – what does it do?



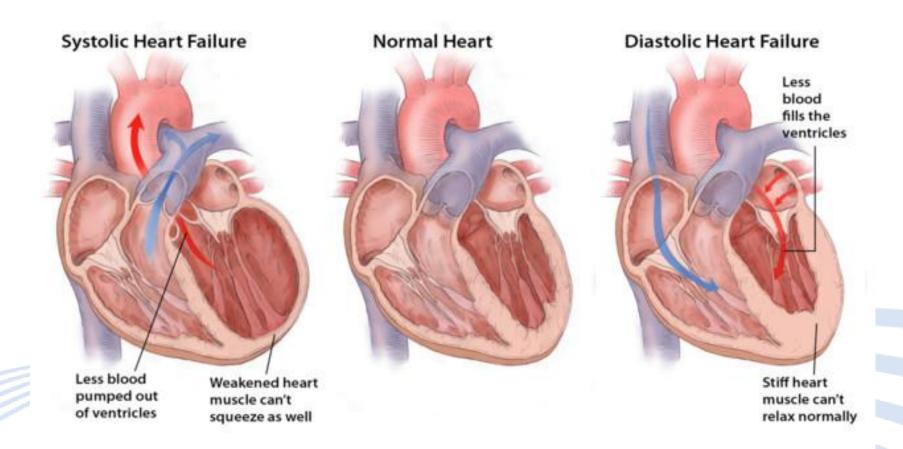
Chambers & Valves



NHS Trust

Types of Heart Failure





Causes for inefficient heart



- Coronary heart disease like a heart attack or angina
- Untreated long-standing hypertension (high blood pressure)
- Cardiomyopathy (your heart muscle weakens)
- Heart rhythm disturbance (like atrial fibrillation) Damaged heart valves
- Myocarditis (inflammation of the heart muscle may be caused by a virus)
- Prolonged alcohol consumption
- The use of recreational drugs
- Chemotherapy treatment
- Pregnancy

"Heart Failure"



The term we use to describe a set of symptoms that occur when your heart fails to deliver as much blood and oxygen around your body as it should.

Symptoms

- Shortness of Breath
- Legs swelling
- Lack of energy



Surprising facts



Did you know?

- There are an estimated 920,000 people living with heart failure in the UK
- Heart failure results in 100,000 hospital admissions in the UK each year
- 4 in 10 people with heart failure have their early symptoms missed leading to a delay in diagnosis

These statistics show that heart failure is a hugely important topic for care providers to be aware about. Heart failure is a misunderstood and misdiagnosed condition, as malignant as some of the most common cancers, and should be treated with the same urgency.

Assessment of heart failure symptoms

NYHA Classification

Class I	Ordinary physical activity does not cause undue fatigue, palpitations, dyspnea and/or angina
Class II	Ordinary physical activity does cause undue fatigue, palpitations, dyspnea and/or angina
Class III	Less than ordinary physical activity causes undue fatigue, palpitations, dyspnea and/or angina
Class IV	Fatigue, palpitations, dyspnea and/or angina occur at rest

Criteria Committee of the New York Heart Association, 1964.



Signs to help #BEATHF



B – Breathless



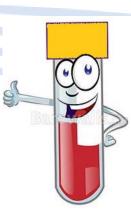
E – Exhaustion



A – Ankle swelling



T – Time for a simple blood test



Why will this help?



- Early detection enable early diagnosis and intervention
- Prevent unnecessary hospital admissions
- Better outcomes for the individual

Case study 1.

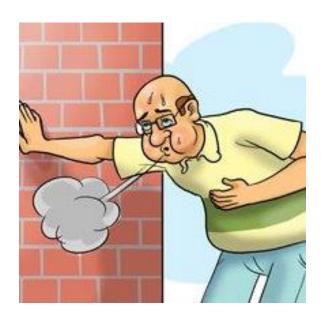


- Mr M 55 year-old man with Down's Syndrome
- Severe learning disabilities and requires support for all activities of daily living
- Limited speech and requires a wheelchair and hoist for mobility and transfer

Breathless



 Mr M is sitting forward in his chair and is breathing fast as if he has just run a race.



Exhaustion



 Mr M enjoys watching films in the communal area but he recently has just been sleeping in his chair.



Ankle swelling



 Due to swelling in the feet it is a struggle to get socks and shoes on Mr M when he is assisted with dressing in the morning



Other signs

- Signs of slowing down that differ from the norm.
- Task they would usually do you are now doing
- Shoes not fitting
- Trouser/Skirts tighter than normal
- Complaining of feeling full but not eating.
- Sleeping propped up in bed or in their chairs (is it for comfort or is it for breathlessness?)



Time for a bloods test

- If you notice the above symptoms in your service users please escalate to your managers so an assessment can be undertaken and an appropriate referral to the GP for a simple bloods test can be made.
- Or...

Case study 2.

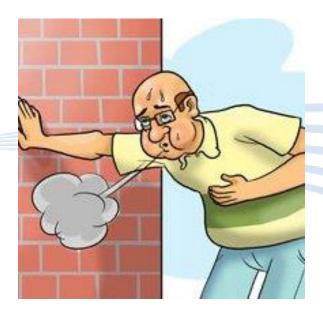


- Mrs D is 89 years old living in a residential home.
- She has dementia and COPD
- She is known to be sociable and likes to mobilise around the home independently.

Breathless



 You are informed Mrs M is having to stop frequently when walking to catch her breath.



Exhaustion

• She is frequently napping in the chair which is unusual for her.



Ankle swelling

 Her feet are bulging out of her shoes and she is complaining of her trousers being tight.



Things you may notice...

- Breathlessness
- Appetite
- Tight shoes
- Tight trousers/skirt
- Tiredness
- Vital signs- if competent to do so.
- Swollen legs

Pitting Oedema



Pitting oedema



 With your thumb press on top of ankle, foot or shin for 5 seconds.



Report to GP



SBARD is a reporting tool and action tracker to get your message across effectively. Being able to communicate effectively is critical for everyone working with individuals.

Situation









Situation



- I am...
- I am calling about Mrs D
- I am calling because:
- ➤ More breathless
- ➤ Swollen legs
- More sleepy than usual

Background



- Mrs M is 82 year old lady
- Known dementia and COPD
- Independently mobile around home
- Up until recently has been well

Assessment



- More breathless
- Swollen ankles
- Tight shoes
- Tight trousers/skirt
- Complaining of bloated tummy
- Sleepier than usual
- "I think she might have heart failure"
- OR
- "I don't know what's wrong but I am concerned"



Recommendation

Please review this patient and consider a blood test for heart failure





 We have agreed you will see the patient and assess appropriate need for a blood test.

Does your client already have a HF diagnosis?

- Know your clients and their history
- Keep their care plans up to date
- If they are known to the community HF service have their nurses contact details documented in the care plan
- If you are unsure contact us and ask- we will happily advise.

clcht.westherts.communitycardiology@nhs.net

Tel: 03000200656 Option 5

Worsening symptoms



- Sudden increase of swelling of feet, legs, ankles and/or abdomen
- Sudden weight gain (1-2kg over 2-5 days)? Holding onto fluid
- Feeling breathless, wheezing or coughing more than usual
- Feeling unusually tired and weak.



GREEN - KEEP WATCH

Your weight has not increased/has increased by 4lb/2kg over 3 days but you agree with the statements below;



You are no more breathless than usual.



Your ankles are no more swollen than usual.



All of your other medical conditions are OK.



You are as active and mobile as you normally are.



Your main carer's health is unchanged.

WHAT SHOULD YOU DO?

There is no need for a review by the heart failure specialist team/GP/Practice Nurse apart from your regular reviews. However, you should be reviewed at least twice a year.



AMBER - STAY ALERT

Your weight has increased/had increased by 4lb/2kg over 3 days and/or and one of the statements below is true;



You are feeling more breathless than usual.



Your legs are more swollen than before.



You are breathless at night or need more pillows to sleep on.



You are unable to be as active as usual/you are a bit more muddled than usual.



Any of your other conditions are worsening.



Your main carer is becoming more ill and unable to help look after you as much as before.

WHAT SHOULD YOU DO?

Try simple measures to improve your symptoms and/or consider a sooner appointment with the heart failure specialist team/GP/Practice Nurse if you feel it is necessary.



RED - TAKE ACTION

If your symptoms continue to worsen over 3 days, or you have any of the problems below;



You have symptoms of an infection and/or you feel very unwell.



Any of your other medical conditions are continuing to worsen.



You have blacked out.



You have become confused about your medications.



You have had diarrhoea or vomiting for more than 24 hours.



Your carer becomes very ill/has been admitted to hospital and is unable to take care of you.



You have worsening breathlessness or leg swelling or are unable to be as active as usual.



You have worsening or new angina.

WHAT SHOULD YOU DO?

Consider urgent advice from GP, or heart failure service. If you feel very unwell, call **999**.

End of Life

- HF progression is unpredictable- making it difficult to know when to have conversations about EOL.
- We try to have these as early as possible to give patients time to think about their advance care plan.
- However if you thought they were deteriorating
- Ask yourself the surprise question "Would you be surprised if this patient were to die in the next 12 months?
 - No?
 - Speak to their GP, cardiology team or specialist team.

How else can you help? Central London Community Healthcare

- Advice on a healthy diet
- Reducing salt in diets
- Encouraging stopping smoking
- Encouraging reducing alcohol
- Encourage physical activity in daily plan
- If under care of heart failure team, completing daily weights

Don't be a stranger



- Known to have heart failure and known to the community heart failure team?
- Contact us if you notice any of the above symptoms.
- This could help prevent an admission and improve outcomes.

Contact:

clcht.westherts.communitycardiology@nhs.net

Tel: 03000200656 Option 5

HCPA Member's Zone!

Website hcpa.info/members-zone



Welcome to the HCPA Members Zone

The Member Zone is here to help all HCPA Members access local and national resources, tools, guides, and contacts in a wide variety of areas.

Search the Members Zone



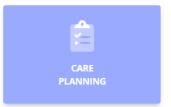


















HCPA Training Zone

Website hcpa.info/training/zone



Training Zone

HCPA offer training programmes to our members in Hertfordshire. Not a member yet? Click

The 'Care To Step Up' programme is part-funded by:



Guide to attending the training centre at Mundells!

Click here to see upcoming training and events

Request a group training session or suggest a subject



Care Certificate











New Clinical Courses

Basic Health Observations for Care Staff – 4/3/22

Basic Health Observations for Care Managers -11/4/22

Parkinson's Disease awareness (accredited) – TBC

Safe Administration of medication (accredited) -9/3/22

Infection Prevention Control lead (home care) – TBC

Infection Prevention Control lead (care home) – 14/2/22

Principles of infection prevention and control (accredited) -16/2/22

Causes and spread of infection (accredited) – 22/2/22

Diabetes awareness (accredited) – 22/2/22

Stroke awareness (accredited) -15/3/22

Thank you for listening

Any Questions?



<u>Provider Hub</u>

Call 01707 708 108 (9am – 5pm | Mon – Fri)
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