

Heart Failure with Reduced EF (HFrEF)

Range for HFrEF is +/- 5 mmHg from target PAD

* Thiazides: If GFR <30, use Metolazone 5 mg or Diuril 500 mg; If GFR >30, use Metolazone 2.5 or Diuril 250 mg

Post-implant Day 0

- Set PAD target & identify if PAD ≠ PAWP
- **Target should be no greater than 10 mmHg below implant PAD initially**
- Aspirin & Plavix x 1 month, then Aspirin alone (or warfarin)

Post-implant Day 0-7

- Monitor pressures and re-establish target if needed

Post-implant > 1 Week

(reassess target every 2-3 months)

PAD <5 mmHg below target

- a) Stop thiazide diuretic
- b) If loop diuretic equivalent >80 mg daily Furosemide, then decrease by half
- c) If loop diuretic equivalent <80 mg daily Furosemide, then stop diuretic
- d) Check chemistry panel within 7 days

PAD < goal

PAD at goal

- a) Reassess target range if renal function is stable

- a) Resume half dose diuretic
- b) Repeat chemistry panel within 7 days

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PAD >5 mmHg above target

- a) Double loop diuretic OR switch to **ARNI** or add **SGLT2-I**
- b) If baseline loop diuretic equivalent >240 mg daily Furosemide, add thiazide diuretic or increase ARNI or SGLT2-I
- c) If already on a loop diuretic and a thiazide diuretic, then double dose of thiazide diuretic

PAD at goal

PAD > goal

- a) Stop thiazide
- b) Resume baseline dose diuretic
- c) Repeat chemistry panel within 7 days

- a) Double thiazide dose
- b) Add Isordil if thiazide previously doubled
- c) Add Hydralazine if nitrates already at max dose
- d) IV diuretics if no improvement in 48 hours

PAD >10 mmHg above target

- a) Double loop diuretic and/or increase to max dose or start/switch to **ARNI** or **SGLT2-I** AND
- b) Add thiazide* diuretic
- c) If already on thiazide diuretic, then double dose

PAD at goal

PAD > goal

- a) Stop thiazide
- b) Resume baseline dose diuretic
- c) Repeat chemistry panel within 7 days

- a) Double thiazide dose
- b) Add Isordil if thiazide previously doubled
- c) Add Hydralazine if nitrates already at max dose
- d) IV diuretics if no improvement in 48 hours

Heart Failure with Preserved EF (HFpEF)

Range for HFrEF is +/- 3 mmHg from target PAD

* Thiazides: If GFR <30, use Metolazone 5 mg or Diuril 500 mg; If GFR >30, use Metolazone 2.5 or Diuril 250 mg

Post-implant Day 0

- Set PAD target & identify if PAD ≠ PAWP
- **Target should be no greater than 10 mmHg below implant PAD initially**

Post-implant Day 0-7

- Aspirin & Plavix x 1 month, then Aspirin alone (or warfarin)
- Monitor pressures and re-establish target if needed

Post-implant > 1 Week

(reassess target every 2-3 months)

PAD <3 mmHg below target

- a) Stop thiazide diuretic
- b) If loop diuretic equivalent >80 mg daily Furosemide, then decrease by half
- c) If loop diuretic equivalent <80 mg daily Furosemide, then stop diuretic
- d) Check chemistry panel within 7 days

PAD < goal

- a) Reassess target range if renal function is stable

PAD at goal

- a) Resume half dose diuretic
- b) Repeat chemistry panel within 7 days

PAD >3 mmHg above target

- a) Double loop diuretic
- b) If baseline loop diuretic equivalent >240 mg daily Furosemide, add thiazide diuretic* 30 min prior to loop diuretic
- c) If already on a loop diuretic and a thiazide diuretic, then double dose of thiazide diuretic

PAD at goal

- a) Stop thiazide
- b) Resume baseline dose diuretic
- c) Repeat chemistry panel within 7 days

PAD > goal

- a) Double thiazide dose
- b) Add Isordil if thiazide previously doubled
- c) Add Hydralazine if nitrates already at max dose
- d) IV diuretics if no improvement in 48 hours

PAD >6 mmHg above target

- a) Double loop diuretic and/or increase to max dose AND
- b) Add thiazide* diuretic
- c) If already on thiazide diuretic, then double dose

PAD at goal

- a) Stop thiazide
- b) Resume baseline dose diuretic
- c) Repeat chemistry panel within 7 days

PAD > goal

- a) Double thiazide dose
- b) Add Isordil if thiazide previously doubled
- c) Add Hydralazine if nitrates already at max dose
- d) IV diuretics if no improvement in 48 hours