Expanded Management and Discharge Readiness

Society of Hospital Medicine

STRONG-HF demonstrated aggressive in-hospital optimization + intensive early follow-up reduces death and rehospitalization by 34%.

GDMT Optimization For HFrEF (LVEF ≤40%)

PILLAR 1: SGLT2 Inhibitor (Class I)

- ☐ Dapagliflozin 10 mg daily, Empagliflozin 10 mg daily, or Sotagliflozin 200 mg daily
- ☐ No titration needed. Initiate when SBP >90
- ☐ Contraindications: T1DM, DKA history, eGFR <20

PILLAR 2: ARNI or ACEi/ARB (Class I)

- ☐ Sacubitril-valsartan preferred (target 97/103 mg BID, starting dose 24/26 mg if ACEi/ARB naïve)
- ☐ 36-hour washout from ACEi before ARNI
- ☐ ACEi/ARB if ARNI not tolerated

PILLAR 3: Beta-Blocker (Class I)

- ☐ Carvedilol (target 25 mg BID) OR Metoprolol succinate (target 200 mg daily) OR Bisoprolol (target 10 mg daily)
- ☐ Initiate when euvolemic, no inotropes

PILLAR 4: MRA (Class I)

- ☐ Spironolactone OR Eplerenone 25-50 mg daily
- ☐ Requires K+ <5.0 and eGFR >30
- ☐ Monitor K+ and Cr within 1 week

Additional Therapies

- ☐ H-ISDN for Black patients (Class I): hydralazine + isosorbide (combination pill available)
- ☐ IV iron if Ferritin <100 or TSAT <20% with Ferritin 100-299
- ☐ Ivabradine if EF ≤35%, sinus rhythm, HR ≥70 on max BB

HFpEF/HFmrEF Management

- ☐ SGLT2 inhibitor (Class I per EMPEROR-Preserved, DELIVER)
- ☐ Finerenone (per FINEARTS-HF)
- ☐ GLP-1 RA if BMI ≥30 (STEP-HFpEF)
- ☐ Diuretics / BP control / AF management

Decongestion Assessment

- ☐ JVD resolved / Peripheral edema resolved
- ☐ Orthopnea resolved / Resting dyspnea resolved
- ☐ Weight stable (not losing >1 kg/day)
- ☐ Ambulating without significant dyspnea
- ☐ Off IV diuretics ≥24 hours
- ☐ NT-proBNP trending down: Value ___
- ☐ Dry weight established: ___ kg

The development of this resource was funded by Bayer in 2026.

Device Therapy Evaluation

- ☐ ICD: EF ≤35%, NYHA II-III, ≥40d post-MI, ≥90d GDMT, survival >1y
- ☐ CRT: EF ≤35%, LBBB, QRS ≥150ms, NYHA II-IV
- ☐ EP referral placed if indicated
- ☐ Referral to cardiology for evaluation for repair in moderate to severe valvular disease

Patient Education (With Teach-Back)

- ☐ HF diagnosis explained
- ☐ All medications reviewed (name/dose/purpose/side effects)
- ☐ Daily weight monitoring instructions
- ☐ Action plan: >2-3 lbs overnight OR >5 lbs/week → Call
- ☐ Sodium restriction <2000 mg/day
- ☐ Warning signs reviewed
- ☐ Written instructions provided
- ☐ Patient verbalized understanding (teach-back)

Transitions of Care

- ☐ Cardiology/HF follow-up: ≤7 days (high risk) / ≤14 days
- ☐ PCP follow-up scheduled
- ☐ Labs (BMP) 7-14 days post-discharge
- ☐ Cardiac rehab referral
- ☐ Home health / Social work / Dietitian as needed
- ☐ Discharge summary sent to outpatient providers

Medication Reconciliation

- ☐ Complete reconciliation performed
- ☐ ≥30-day supply or prescriptions filled
- ☐ Insurance/copay assistance verified
- ☐ Scale provided for daily weights

Goals of Care

- ☐ Goals discussion initiated
- ☐ Code status reviewed and documented
- ☐ Healthcare proxy identified
- ☐ Advance directive discussed

Final Discharge Verification

- ☐ Clinically stable: Off IV diuretics ≥24h, stable vitals, ambulatory
- ☐ All GDMT pillars prescribed OR barriers documented
- ☐ All follow-ups scheduled
- ☐ Education complete / Written instructions provided
- ☐ Medications reconciled / Prescriptions filled
- ☐ Transportation arranged

DISCHARGE APPROVED BY: _____ **DATE:** _____ **TIME:** _____

References:

1. Heidenreich PA, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *J Am Coll Cardiol.* 2022;79(17):e263-e421. doi:10.1016/j.jacc.2021.12.012
2. Maddox TM, Januzzi JL, Allen LA, et al. 2024 ACC Expert Consensus Decision Pathway for Treatment of Heart Failure With Reduced Ejection Fraction: A Report of the American College of Cardiology Solution Set Oversight Committee. *J Am Coll Cardiol.* 2024;83(15):1444-1488. doi:10.1016/j.jacc.2023.12.024
3. Mebazaa A, Davison B, Chioncel O, et al. Safety, tolerability and efficacy of up-titration of guideline-directed medical therapies for acute heart failure (STRONG-HF): a multinational, open-label, randomised, trial. *The Lancet*. 2022;400(10367):1938-1952. doi:10.1016/s0140-6736(22)02076-1
4. Januzzi JL, Camargo CA, Anwaruddin S, et al. The N-terminal Pro-BNP investigation of dyspnea in the emergency department (PRIDE) study. *Am J Cardiol.* 2005;95(8):948-954. doi:10.1016/j.amjcard.2004.12.032
5. Anker SD, Comin Colet J, Filippatos G, et al. Ferric carboxymaltose in patients with heart failure and iron deficiency. *N Engl J Med.* 2009;361(25):2436-2448. doi:10.1056/NEJMoa0908355
6. Lang RM, Badano LP, Mor-Avi V, et al. Recommendations for Cardiac Chamber Quantification by Echocardiography in Adults: An Update from the American Society of Echocardiography and the European Association of Cardiovascular Imaging. *J Am Soc Echocardiogr.* 2015;28(1):1-39.e14. doi:10.1016/j.echo.2014.10.003
7. Nagueh SF, Sanborn DY, Oh JK, et al. Recommendations for the Evaluation of Left Ventricular Diastolic Function by Echocardiography and for Heart Failure With Preserved Ejection Fraction Diagnosis: An Update From the American Society of Echocardiography. *J Am Soc Echocardiogr Off Publ Am Soc Echocardiogr.* 2025;38(7):537-569. doi:10.1016/j.echo.2025.03.011
8. Bozkurt B, Colvin M, Cook J, et al. Current Diagnostic and Treatment Strategies for Specific Dilated Cardiomyopathies: A Scientific Statement From the American Heart Association. *Circulation.* 2016;134(23):e579-e646. doi:10.1161/CIR.0000000000000455
9. Garcia-Pavia P, Cobo-Marcos M, Guzzo-Merello G, et al. Genetics in dilated cardiomyopathy. *Biomark Med.* 2013;7(4):517-533. doi:10.2217/bmm.13.77
10. Maurer MS, Schwartz JH, Gundapaneni B, et al. Tafamidis Treatment for Patients with Transthyretin Amyloid Cardiomyopathy. *N Engl J Med.* 2018;379(11):1007-1016. doi:10.1056/NEJMoa1805689
11. Gillmore JD, Maurer MS, Falk RH, et al. Nonbiopsy Diagnosis of Cardiac Transthyretin Amyloidosis. *Circulation*. 2016;133(24):2404-2412. doi:10.1161/CIRCULATIONAHA.116.021612
12. Packer M, Anker SD, Butler J, et al. Cardiovascular and Renal Outcomes with Empagliflozin in Heart Failure. *N Engl J Med.* 2020;383(15):1413-1424. doi:10.1056/NEJMoa2022190
13. McMurray JJV, Solomon SD, Inzucchi SE, et al. Dapagliflozin in Patients with Heart Failure and Reduced Ejection Fraction. *N Engl J Med*. 2019;381(21):1995-2008. doi:10.1056/NEJMoa1911303
14. McMurray JJV, Packer M, Desai AS, et al. Angiotensin-neprilysin inhibition versus enalapril in heart failure. *N Engl J Med.* 2014;371(11):993-1004. doi:10.1056/NEJMoa1409077