

# Congestive heart failure | Te mate manawa kiki

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Always note the cause of heart failure if possible, eg, previous MI, hypertension.

## Signs that suggest heart failure

- Tachycardia (heart rate > 100 bpm)
- Third heart sound (S<sub>3</sub>) assessed by GP/NP
- Increased jugular venous (JVP > 2 cm)
- Lung sounds – increased crackles in posterior bases (also known as crepitations)
- Pedal (or sacral) oedema
- Heart apical pulse displaced to the left (also known as point of maximal impact – usually 5th intercostal space midclavicular line – not acute sign if this is about acute heart failure exacerbation)
- Weight gain – contact GP/NP if > 2 kg in 2–5 days.

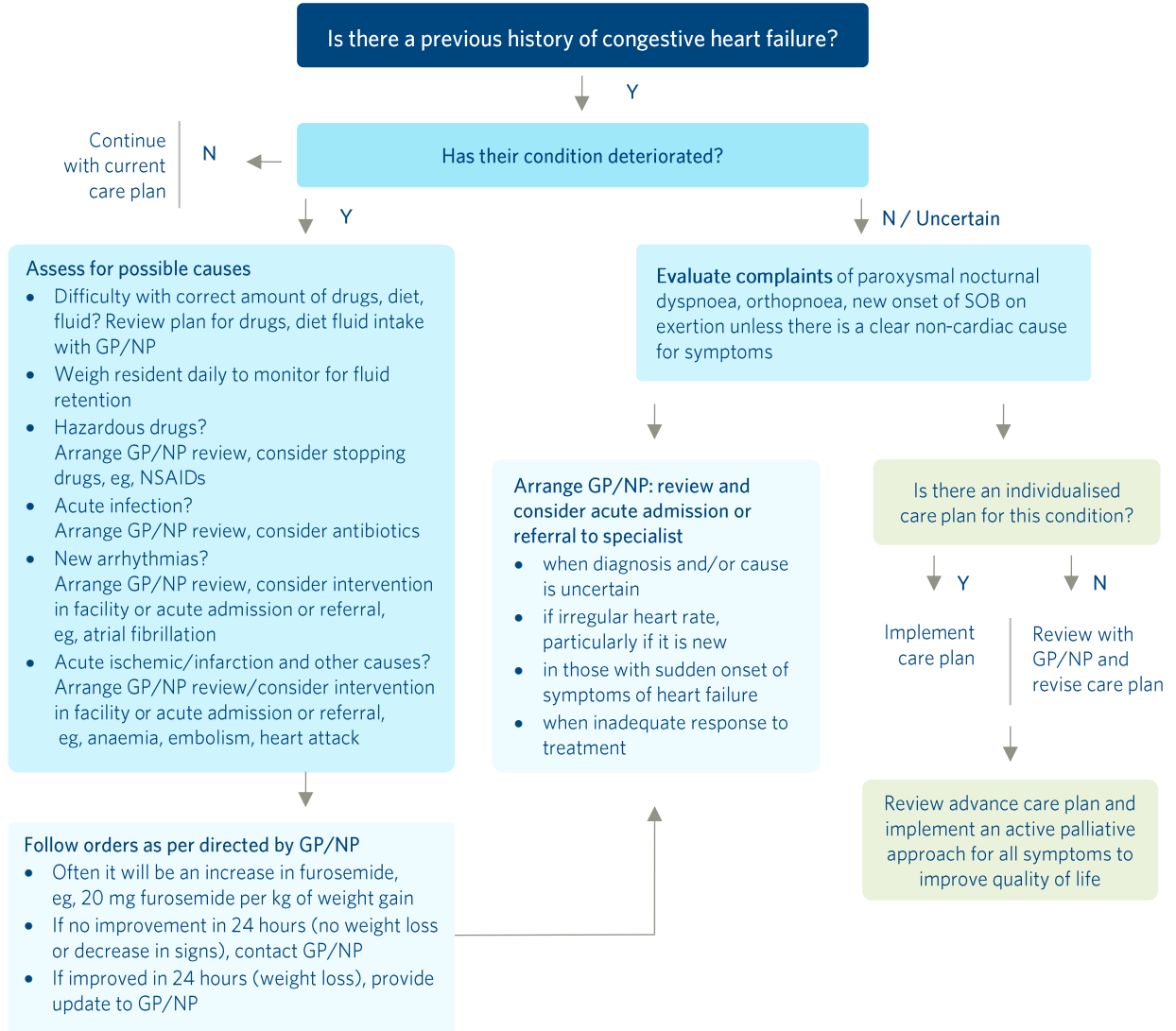
## Symptoms that suggest heart failure

- Shortness of breath (SOB) on exertion
- SOB when lying down and preferring to sleep sitting up (orthopnoea)
- Waking suddenly in respiratory distress (paroxysmal nocturnal dyspnoea)
- Increased fatigue
- Unexplained cough especially at night
- Acute confusional state – delirium
- Nocturia (increased urination at night; if excessive can be an early warning sign).

## New York Heart Association (NYHA) functional classification system for congestive heart failure severity

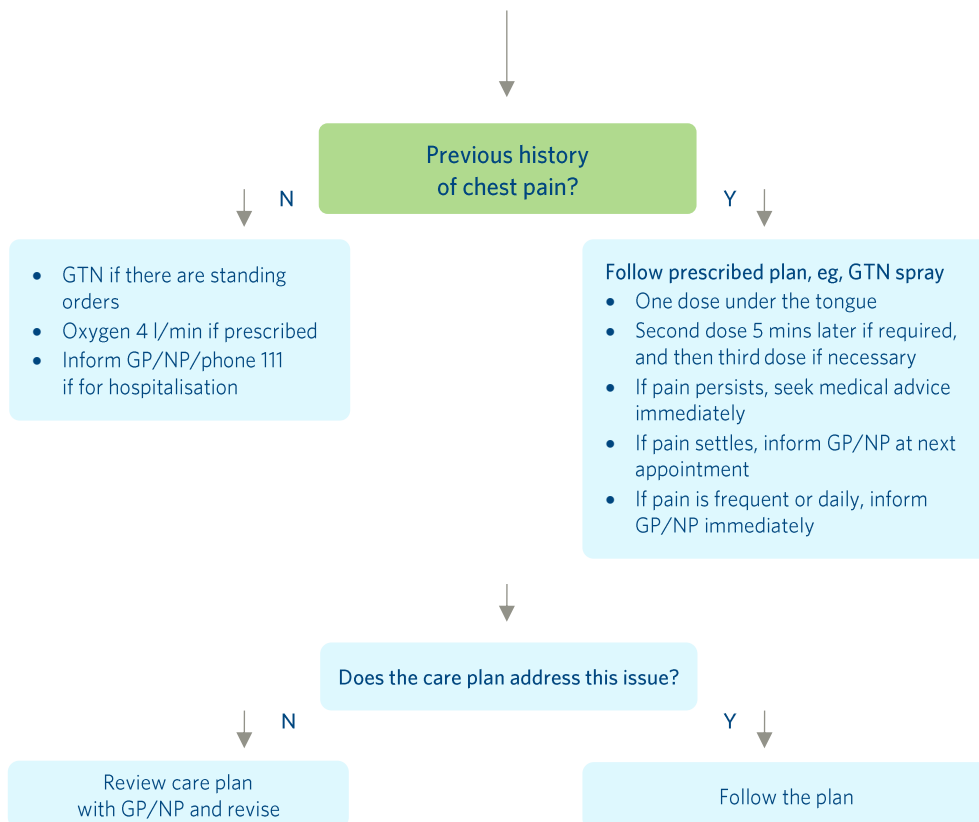
- **Class 1 – no limitations**  
Ordinary physical activity does not cause undue fatigue, dyspnoea or palpitations.
- **Class 2 – slight limitation of physical activity**  
Ordinary physical activity results in fatigue, palpitations, dyspnoea or angina pectoris (mild CHF).
- **Class 3 – marked limitation of physical activity**  
Less than ordinary physical activity leads to symptoms (moderate CHF).
- **Class 4 – unable to carry on any physical activity without discomfort**  
Symptoms of CHF present at rest (severe CHF).

Determine previous history of congestive heart failure



## Chest pain

Assess chest pain	
<b>Pain</b>	<ul style="list-style-type: none"> <li>Described as squeezing, tightness, pressure, constriction, burning, fullness in chest, band-like sensation, knot in the centre of the chest, ache, heavy weight on chest</li> <li>Sometimes cannot be described but patient places fist in centre of chest known as the 'Levine sign'. Patient may also describe pain as discomfort rather than pain. (Non-ischaemic pain may be described as sharp or stabbing.)</li> </ul>
<b>Location</b>	<ul style="list-style-type: none"> <li>Almost always involves the centre of the chest or upper abdomen. Ischaemic chest pain/angina usually not felt in specific spot but throughout the chest. May have difficulty saying exactly where the pain is</li> </ul>
<b>Radiation</b>	<ul style="list-style-type: none"> <li>May include the neck, throat, lower jaw, teeth (feeling like toothache), or the shoulders and arms. May be felt in wrists, fingers or back between the shoulder blades</li> </ul>
<b>Timing</b>	<ul style="list-style-type: none"> <li>Ischaemic chest pain/angina tends to come on gradually and get worse over time: generally lasts 2-20 minutes. Non-ischaemic pain begins suddenly and feels worst in the beginning, usually lasts a few seconds. Pain that has been constant over days or weeks is also not likely to be ischemic chest pain/angina</li> </ul>
<b>Associated symptoms</b>	<ul style="list-style-type: none"> <li>Shortness of breath (dyspnoea), nausea, vomiting or belching, sweating, cold clammy skin, palpitations, fatigue, presyncope, syncope, indigestion, vague abdominal discomfort</li> </ul>



## Palliative care

Palliative care should be considered for patients with the strong possibility of death within 12 months and who have advanced symptoms, eg, NYHA class 4, poor quality of life, and are resistant to optimal pharmacological and non-pharmacological therapies. Strong markers of impending mortality include:

- advanced age
- recurrent hospitalisation for decompensated heart failure and/or a related diagnosis
- NYHA class 4 symptoms
- poor renal function
- cardiac cachexia (weight loss)
- low sodium concentration (hyponatraemia)
- hypotension necessitating withdrawal of medical therapy
- anaemia
- chronic elevated troponin
- increased BNP.

## Bibliography | Te rārangi pukapuka

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