

Congestive Heart Failure (CHF)

Patient Information Booklet



Queensway Carleton
Hospital

Your Health Care - Be Involved

- Be involved in your health care. Speak up if you have questions or concerns about your care.
- Tell a member of your health care team about your past illnesses and your current health condition.
- Bring all of your medicines with you when you go to the hospital or to a medical appointment.
- Tell a member of your health care team if you have ever had an allergic or bad reaction to any medicine or food.
- Make sure you know what to do when you go home from the hospital or from your medical appointment.

Patient safety is very important to the Queensway Carleton Hospital and this information is provided to patients/families to help inform you of your essential role in your own safety.

The information contained in this booklet is not specific medical advice, nor a substitute for medical advice. For your safety, it is advised that you speak with your doctor and healthcare team about your particular health care needs.

The Philosophy of the Queensway Carleton Congestive Heart Failure Clinic

Heart failure is a major health care issue for patients, families, physicians, and health care institutions.

By educating patients and their families on processes to manage the disease, we hope to improve the quality of life for those who suffer from the debilitating effects of heart failure.

By providing patients with helpful information ranging from disease self-management, rehabilitation options, physician prescribed medication plans, and dietician assisted diet and exercise programs, we hope to reduce hospital readmission rates.

Congestive Heart Failure (CHF) Hospitalization

Your hospital stay will follow a written plan of care called a “Clinical Pathway”. It is a guide for all members of your health care team as well as you and your family. It will cover the different tests, treatments and diet you need as well as the teaching and planning necessary for discharge.

A Clinical Pathway has two sections, one for patients and one for health care workers.

This information booklet is the patient version of the “Congestive Heart Failure Pathway”. It gives you an idea of what to expect to happen to you from when you get to the hospital until you are discharged and also gives you important information about heart failure and how to manage it when you go back home.

We will be monitoring your progress daily using the hospital version of the CHF Clinical Pathway as our guide.

Once you or your family have read the information, please feel free to ask your nurse or other members of the health care team any questions.

Congestive Heart Failure (CHF) patient clinical pathway

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Patient pathway Congestive Heart Failure

Process	Admission day to day 1
Assessment	<ul style="list-style-type: none"> • We will check your temperature, blood pressure, pulse and oxygen level throughout the day. • We will listen to your chest and assess your shortness of breath and/or chest discomfort. • We will be checking your ankles, legs and body to monitor signs of swelling and monitoring your fluids you take in and put out. • You will be asked about your medical history. • You may be assessed by other members of the health care team: Physiotherapist, Occupational Therapist, Respiratory Therapist, Social Worker.
Tests	<ul style="list-style-type: none"> • We will do blood tests. • A chest x-ray may be done. • An electrical heart test called an ECG may be done.
Medication	<ul style="list-style-type: none"> • You will be given medication by mouth or intravenously as ordered by the doctor.
Treatments	<ul style="list-style-type: none"> • You may still have oxygen. • You may be placed on a face mask to help you to breathe (BiPAP).
Nutrition	<ul style="list-style-type: none"> • If the doctor does not want you fasting you will be on a low salt diet for your heart failure and/or other special diet as ordered. • You may also be on a Heart Healthy Diet that is low in cholesterol and saturated fats. • Your dietitian will be visiting you to talk to you about your diet. • Your fluids may be restricted.
Activity	<ul style="list-style-type: none"> • Your level of activity will depend on what you are able to do and what the doctor has ordered for you. • Self monitor and report to your nurse any symptoms experienced with activity. • If you are on bed rest it is important to have your call bell close by so you can ring for the nurse when you need to get out of bed. Your bed rails will need to remain up when you are in bed. • If you are not getting out of bed regularly and moving around, you may have leg stockings and daily injections of blood thinners to reduce the risk of blood clots.
Education	<ul style="list-style-type: none"> • The staff will explain what they are doing for you. • “Falls Risk” pamphlet may be provided. • Feel free to ask any questions you may have.
Discharge Planning	<ul style="list-style-type: none"> • Staff may begin to discuss your discharge plan with you and your family.

Process	Day 1 to day 4
Assessment	<ul style="list-style-type: none"> • We will check your temperature, blood pressure, pulse and oxygen level and fluids throughout the day. • We will listen to your chest and assess your breathing effort and/ or discomfort. • We will be checking for a decrease in body swelling. • We will be checking your weight every morning and if you are capable you will be encouraged to keep record of your daily weight and your fluid intake and output using the chart attached to this guide. Please ask your nurse for assistance. • You may be assessed by other members of the health care team: Physiotherapist, Occupational Therapist, Respiratory Therapist, Social Worker.
Tests	<ul style="list-style-type: none"> • We may do more tests. • Daily blood tests may be done to adjust your medications if needed. • An appointment for an Echocardiogram may be given to you.
Medication	<ul style="list-style-type: none"> • You will be given medication as ordered by the doctor and according to your weight. • Your medication may change while in hospital to maximize its effect.
Treatment	<ul style="list-style-type: none"> • You may still have oxygen and/or a BiPAP machine. • We will discontinue your IV medication as you are getting better and put you on pills instead.
Nutrition	<ul style="list-style-type: none"> • You will continue on the low salt diet and diabetic diet if you are also diabetic and heart healthy diet if ordered. • Your fluids will continue to be restricted if ordered.
Activity	<ul style="list-style-type: none"> • You will be encouraged to increase your activity (i.e. bed rest increasing to being up in hospital room increasing to walking the hallway) wherever possible depending on what you could do in the first place. • Remember to stop and rest if you are feeling short of breath, weak, or if you experience chest pain / pressure or symptoms of your angina. • Continue to self monitor and report any symptoms experienced with activity. • You will be encouraged to have a nap during the day to rest your heart • If you are not moving around well, you may have leg stockings and daily injections of blood thinners to reduce the risk of blood clots.
Education	<ul style="list-style-type: none"> • The staff will provide and review the “Heart Failure: A Patient Information Booklet” with you and your family. • Feel free to ask any questions.
Discharge Planning	<ul style="list-style-type: none"> • If you need additional supports to go home safely, community supports and services will be discussed as well as your readiness for discharge.

Process	Discharge day/awaiting discharge to home, rehabilitation or continuing care facility
Assessment	<ul style="list-style-type: none"> • We will continue to check your temperature, blood pressure, pulse and oxygen level, daily weight, amount of swelling and breathing effort / level of comfort. • You will continue to document your own weight and intake and output using the chart attached to this guide. This is good practice for when you are home! • We will continue to assess for any changes in your condition.
Tests	<ul style="list-style-type: none"> • Arrangements will be made for future tests or follow up.
Medications	<ul style="list-style-type: none"> • You will receive medications as ordered by your Doctor. • A list of medications and/or a prescription will be given to you by your nurse prior to discharge as well as important information such as dosing times and need for blood work follow-up. • You are to follow the prescription given to you at discharge. Please discuss concerns about discontinued medication with your doctor.
Treatments	<ul style="list-style-type: none"> • Participate as able with members of the healthcare team.
Nutrition	<ul style="list-style-type: none"> • You will continue your special diet(s) as needed.
Activity	<ul style="list-style-type: none"> • You will continue to progress in your activity level as able. • You will continue a daily rest period. • You will continue using techniques for safe ambulation and/or transfers. • You will continue to self monitor and report any symptoms experienced with activity.
Education	<ul style="list-style-type: none"> • Staff will continue further education regarding diet, self-monitoring (daily weights and worsening symptoms), medications, activity and rest.
Discharge Planning	<ul style="list-style-type: none"> • Staff will continue discharge planning for home / home with services / alternate living arrangements. • You should have a follow up appointment for Queensway Carleton Hospital Heart Failure Clinic. • You should make an appointment to see your family doctor soon after discharge. • Don't forget to gather up all your teaching pamphlets, prescriptions, discharge sheet with follow up appointments and contact names and telephone numbers along with all of your personal belongings at discharge.

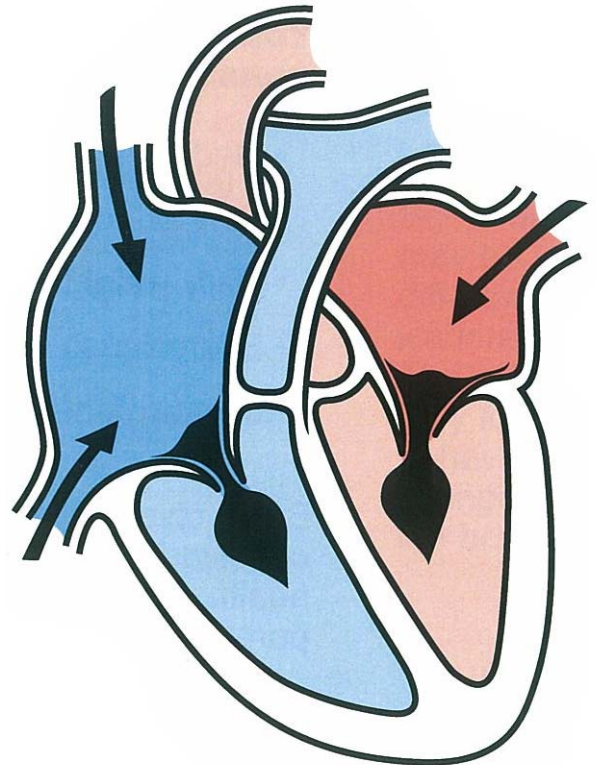
What Is Congestive Heart Failure?

The Normal Heart

Your heart is the engine of your body. It pumps blood which contains oxygen and nutrients to all parts of your body.

The heart is divided into right and left sides. The right side receives blood without oxygen from the body. This blood is then pumped out to the lungs to pick up oxygen.

The left side of the heart receives blood with oxygen back from the lungs. This blood is then pumped out to the rest of the body to feed the tissues.



Congestive Heart Failure

In congestive heart failure (CHF) the heart cannot pump as much blood out as it receives back from the body. Sometimes this is because the heart is a weakened pump and sometimes it is because the heart is stiff and doesn't relax well to receive enough blood to pump out. For both problems blood may back up into other organs and tissues such as your lungs, liver, stomach, intestines and legs.

You may have experienced:

- Feeling tired
- More swelling in your fingers, stomach, feet, ankles and legs
- Trouble breathing especially when lying down or doing activities
- A hacking cough with frothy sputum
- A sudden weight gain as fluid builds up
- Tenderness over your stomach

What causes Congestive Heart Failure?

There are many reasons why you may have CHF.

Some possible reasons are:

- You may have had a heart attack
- A valve in your heart may not be working properly
- Your heart may have been infected with a virus
- You may have high blood pressure
- You may have been drinking too much alcohol

Sometimes we really don't know why you may have heart failure but we may do tests to find out if there is something causing it and whether we can treat the cause.

For most patients heart failure is a chronic disease and, though it can be treated and managed, it cannot be cured (except by transplant).

What is the treatment for Congestive Heart Failure?

The goal of treatment is to “rest the heart and make it stronger”. We rest the heart by lowering your heart rate and blood pressure and by keeping fluids from building up suddenly in your body. We also look for other problems you might have that may be putting a strain on your heart. Your medicines will need ongoing adjustment to manage your symptoms of CHF. You will be encouraged to help make your heart stronger with gentle exercise like walking and living a healthy lifestyle.

Your management plan therefore consists of:

- Medication
- Low-salt diet
- Daily weights
- Exercise
- Lifestyle and health habit change

Be involved in management of your condition and allow your family and health care team to assist and support your efforts.

The goals of treatment are to:

- Improve quality of life
- To prevent worsening of heart failure
- Increase length of life where possible

What are the symptoms of Congestive Heart Failure I should watch for?

Sudden Weight Gain

Sudden weight gain is a sign that you are retaining water. This is because the kidneys are saving salt and water in response to the slower circulation of the blood.

Gaining weight may be the earliest sign of fluid build-up in your body.

Worsening Shortness of Breath

Shortness of breath is caused by a build-up of fluid in your lungs. You may suddenly feel you're not getting enough air especially when you are feeling stressed, doing your usual activities or when you are lying down.

Swollen Ankles and Legs

Your ankles may become more swollen than usual when there is a build-up of fluid in the tissues of your body.

CHF patient workbook

Monitoring Your Weight:

Weigh yourself every day. Monitoring your weight is important because your weight is one way to tell if your heart function is worsening and/or your medications are working to reduce excess body fluid. Fluid retention can be a sign of worsening heart failure or a sign that your medications need to be adjusted.

When you weigh yourself:

- Use the same scale.
- Wear similar clothing each time you weigh yourself.
- Weigh yourself at the same time each day (for example, when you get up in the morning).
- Weigh yourself before eating and after urinating.
- Record your weight in a diary or on a calendar.
- ***Call your doctor or nurse if you gain 2-3 pounds in one day or 5 pounds in 5 days.***

Watching your salt and fluid intake:

Lower your salt intake: Salt attracts water in your body. Eating too much salt can put extra strain on your heart by increasing blood pressure and the amount of work done by the heart because of water retention. “Sodium” is another name for salt. Never add salt to your food. Limit the amount of salt also by avoiding salty food like chips, pickles, deli meats (for example). Most restaurants can accommodate your low-salt needs. Ask your server for options or call ahead and ask when you are reserving your table.

*Ask your Dietitian for a complete listing of foods high in salt.

Tips for salt reduction:

- Remove the salt shaker from the table
- Salt, baking powder and baking soda may be used in moderation in the preparation of foods
- Avoid foods with high salt content such as pickles, salted crackers, salted snack food, processed food, cured meats
- Use seasonings such as pepper, garlic, onion and herbs to boost the flavor of foods
- Check with your doctor before using a salt substitute
- Order carefully when dining out
- Use over the counter medications sensibly – they may contain salt

Monitor your fluid intake:

If your doctor requires you to restrict your fluids, record the amount of liquids you drink/eat every day. You should drink no more than 1500mL (6 glasses or cups) of fluid per day, or whatever is prescribed for you. You can use a clear measuring jug to add water equivalent amounts from your empty bowl or glass etc. to keep track. Spread your intake of fluids out over the day.

Why have I been told to restrict my fluids?

If you have systolic congestive heart failure which is a weakened heart pump function, drinking too much fluid can put a lot of stress on your heart and lungs. The liquid that you drink is absorbed into your blood stream and increases swelling. Because your heart is weaker than usual, it cannot pump this extra fluid as well as it should. As a result, you may have higher blood pressure and fluid may collect in your hands, feet and legs (edema), or in your lungs (making it harder to breathe).

You may be instructed by your nurse to record your urine output. Recording your urine output will help ensure that you are not taking in more fluids than expected.

Note: Being thirsty does *not* mean your body needs more fluid. You need to be careful NOT to replace the extra fluids that your diuretics (water pills) have helped your body get rid of.

What is considered a fluid?

All beverages and any food that is liquid at room temperature are considered a fluid. Note that some foods, as listed below, are “fluid” foods: _

- Pudding
- Gelatin (Jell-O)
- All soups (thin or thick)
- Popsicles
- Ice cream

What can I do if my mouth or throat is dry?

- Try ice cubes or ice chips – but remember, 1 cup (250 ml) of cubes or chips is equivalent to $\frac{3}{4}$ cup (185 ml) of fluid
- Snack on fresh vegetables between meals
- Chew sugarless gum or suck on a sugarless candy
- Moisten your mouth with a breath spray, a wedge of lemon or lime
- Brush your teeth
- Rinse your mouth with cold water without swallowing
- Freeze a favorite sugar-free beverage in an ice cube tray for flavored ice cubes
- Nibble on frozen grapes or strawberries
- Suck on a sucker or a washcloth soaked in ice-cold water
- Cover your lips with petroleum jelly, flavored lip balm or lip moisturizer

Exercise and rest:

The amount of exercise you get is based on your individual needs. Regular exercise can help you to feel better and have less difficulty with daily activities. Exercise does not have to be strenuous to be valuable. Staying active can strengthen your heart and help with weight loss.

Exercise as much as you can without getting tired or short of breath or making your heart beat too fast. Don't exercise when you have a fever or illness which makes breathing more difficult. Don't exercise in extremes of temperature (e.g. very hot or very cold or windy).

Find a good balance between activity and rest. Rest does not mean that you lie down in bed but that you sit and rest when you become tired. You want to be able to anticipate fatigue and rest **before** you are tired. This means learning your work tolerance level and carrying out activities within your limits. You will be able to do more if you break up activities into small units of work with rests in between.

Walking:

Walking is a very good form of exercise to improve your health. Start slowly and increase your speed and length of walk gradually. Walking with a friend or family member is a good idea when you first begin your walking program. Aim to walk at least 30 minutes 3 times a week. Listen to what your body is telling you – don't do too much.

STOP if you:

- Become short of breath
- Feel very weak and tired
- Have any discomfort from the waist up
- Have a fast heart rate

Sexual activity:

Sexual activity is no more dangerous than other physical activities. Once your doctor has told you that you may resume sexual activities, you should remember these few general guidelines:

- Resume sexual activities gradually
- Choose a tranquil time free from stress
- Stop if you feel short of breath or feel pain
- Tell your doctor if you are experiencing any problems

Some medications for heart failure may cause some people to experience problems with arousal or orgasm. These problems are usually temporary; however, you should discuss any problems of this nature with your doctor or nurse.

Lifestyle and Health Habits:

- **STOP SMOKING!** Nicotine in tobacco narrows your blood vessels and increases the work your heart must do to pump blood. For information on the University of Ottawa Heart Institute Smoking Cessation Program please call 613 761-5464
- **LIMIT ALCOHOL INTAKE**
- **REDUCE OR CONTROL STRESS** – methods of counseling, relaxation techniques and medication are available that might be helpful

When to call your physician:

Call your physician if you experience any of the following:

- Recurrent or prolonged chest pain not promptly relieved by nitroglycerine
- **Weight gain of more than five pounds a week or two to three pounds a day**
- Increased edema (swelling)
- Increased shortness of breath with activity
- **Difficulty lying flat at night or an increased need for pillows**
- **Waking up short of breath**
- Persistent cough
- Nausea or vomiting

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CONDITION OR YOUR TREATMENT, BE SURE TO DISCUSS THEM WITH YOUR PHYSICIAN

Websites:

- The Queensway Carleton Hospital website www.qch.on.ca (for e-version of this booklet)
- The University of Ottawa Heart Institute website www.ottawaheart.ca/HHEC
- The Heart & Stroke Foundation of Canada website www.heartandstroke.ca
- The American Heart Association website www.americanheart.org

Medication

There are three types of medications which are frequently used in heart failure. These are:

- Beta-blockers
- ACE inhibitors/ angiotensin receptor blockers (ARB's)
- Diuretics

Some other types of medications may be used which act and help in a different way. Not all of these medications are used for every person. The medications and dosage chosen vary for each person. It is common to have medication and dosage changes during treatment to obtain the best results for each person. You should advise your physician if you are currently pregnant or plan to become pregnant since these medicines may be harmful to an unborn child.

Beta-blockers

Beta-blockers relax your heart and slow your heart rate. They reduce the work of your heart and give it a chance to rest and recover. They help you live longer and improve quality of life.

Some beta-blockers are:

- Carvedilol (Coreg™)
- Metoprolol (Lopressor™)
- Bisoprolol (Monacor™)

Most Common Side Effects:

- Low blood pressure (expected see below)
- Tiredness, shortness of breath or dizziness (expected see below)

Important Information:

Take this medication with food. Your doctor will gradually increase the dose of your beta-blocker until the right dose for you is reached. tiredness, shortness of breath or dizziness is expected when starting or increasing the dose but if doesn't improve over a few months as your body gets use to the medication level discuss this with your doctor.

Low blood pressure is expected with this medication but is a concern only if you feel lightheaded all the time.

It takes a while for your body to adjust to the medication so keep track of how you feel and tell your doctor how you are doing.

ACE inhibitors

ACE inhibitors have been shown to improve quality of life, help patients live longer and slow the worsening of heart failure. They do this by widening (dilating) blood vessels and decreases blood pressure, reducing the work of your heart.

- Captopril (Apo-Captopril™, Novo-Captopril™)
- Enalapril (Vasotec™)
- Lisinopril (Prinivil™, Zestril™)
- Quinipril (Accupril™)
- Perindopril (Coversyl™)
- Ramipril (Altace™)
- Fosinopril (Monopril™)

Most common side effects:

- Low blood pressure is expected with this medication but is a concern only if you feel lightheaded all the time.
- Increased potassium causing weakness and possible irregular heart beat.
- Dizziness or lightheadedness related to changes in position.
- Rarely allergic reaction: Swelling of the lips, eyes, tongue, hands or feet (stop the medication and seek medical care).
- Persistent dry cough.

Important information:

You should have periodic blood testing to monitor your kidney function. In some cases the doctor may also prescribe ARB drugs which are similar to ACE inhibitors in action but is more easily tolerated.

Diuretics

Diuretics get rid of excess salt (sodium) and water. They help to prevent/improve symptoms of water retention like swelling, shortness of breath and bloating.

The most commonly used diuretic is furosemide (Lasix™, Apo-Furosemide™)

Most common side effects:

- Loss of potassium causing irregular heart beat, muscle cramps or pain, unusual tiredness or weakness
- Gout due to a build-up of uric acid
- Thirst and dry mouth
- Skin rash (contact your doctor if this occurs)
- Weakness, dizziness
- Dehydration

Other diuretics:

A couple of other diuretics are metolazone (Zaroxolyn™) or hydrochlorothiazide (Hydro Diuril™, Apo Hydro™)

These are sometimes used in combination with furosemide (Lasix™) to help rid the body of more fluid - especially when people have a lot of swelling or are not responding to increasing doses of furosemide alone. You should take metolazone (Zaroxolyn™) a ½ hr before taking your morning furosemide dose.

Important information:

Take the last dose before 5 pm to avoid getting up at night to pass water. Blood monitoring is necessary to prevent dehydration and problems with a low potassium or high uric acid.

If you have symptoms of gout speak to your physician before taking NSAIDs (e.g. Motrin™, Indocid™) for pain. Your doctor may prescribe colchicine for your gout or allopurinol (Zylprim™) to lower the uric acid in your blood.

Diuretics and potassium

Some diuretics remove potassium needed for muscle strength. You may be instructed to eat food that contains potassium and/or take a potassium supplement.

Potassium-rich foods include:

- Fresh fruits (oranges, bananas, and melons)
- Fruit juices (most juices, orange, pineapple and grapefruit) Avoid tomato juice because it contains too much salt
- Dried fruits (apricots, dates, prunes and raisins)
- Vegetables (potatoes, spinach, and sweet potatoes)
- Dried beans
- Meat, fish, poultry

Other medications

Spironolactone (Aldactone™)

When the body senses there is a problem with the amount of blood pumping out of the heart some hormones are released from the brain to tell the heart to get bigger. This can eventually make the heart failure worse. Your doctor may put you on Spironolactone to block the effect of these hormones.

Most common side effects:

- High potassium levels
- Stomach irritation

Digoxin (Lanoxin™, Toloxin™)

This medication reduces your symptoms of heart failure if they continue after being on other medication. It especially helps patients who have atrial fibrillation. It increases the strength of your heart's pumping action and may regulate your heart beat

Most common side effects:

- Nausea/vomiting
- Major loss of appetite
- Blurred vision
- Yellow, green or white halos around objects
- Weakness
- Irregular heartbeat

Important information:

Some drugs and other medical conditions such as kidney failure, low potassium, older age, etc. can affect the level of digoxin in the blood. Most problems with digoxin occur when there is too much in the blood. Your doctor may monitor your blood level of digoxin periodically.

Tips on taking your medications

Know the name, dosage, actions, special instructions, and common side effects of all the medicines you are taking. Keep your medications handy. **BRING THE PILLS OR A LIST OF YOUR CURRENT MEDICATIONS TO ALL VISITS TO YOUR DOCTOR'S OFFICE.** Your pharmacy can print an up-to-date list for you.

- Medications help control your symptoms and should improve your quality of life.
- Follow the directions for your prescription carefully. Medications will only work if you use them correctly.
- Take your medication regularly, even if you feel well.
- Take your medications at the same time or times every day. Discuss dose times with your physician. Sometimes spacing the dose of heart medications throughout the day can help reduce side-effects.

- Try not to miss taking your medication. If a dose is missed, take the missed dose as soon as you remember. Take remaining doses at the regular times. However, doses of certain heart failure medications too close together can often do more harm than good so if it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take a double dose. Many pharmacies can deliver your drugs to you or pre-package them for each day. You can also buy a pill dosette box to organize your daily medication. Consider these options if you are prone to missing your medication.
- Ask your doctor or pharmacist before taking any medications or herbal products that you can buy without a prescription. Let your heart failure doctor know if a new drug is added by another doctor.
- Medications have many different actions and side effects. Call your doctor, nurse or pharmacist if you have questions, or if you notice side effects.
- When you take these medications, your doctor may request blood tests to check the functioning of your kidneys and the levels of sodium and potassium in your blood.
- Make sure that you have enough medication to last until your next prescription refill or visit to your doctor.

Medication list

DATE PRESCRIBED	MEDICATION NAME	REASON FOR TAKING MED	PRESCRIBING DOCTOR

Write down your questions here:

Weight log

DATE	SYMPTOMS	WEIGHT

Provided by the Heart Failure Clinic
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Related Sources/References:

Canadian Cardiovascular Society Consensus Conference recommendations on heart failure 2006: Diagnosis and management, Managing Congestive Heart Failure by the Heart and Stroke Foundation, Heart Failure: Patient Information Booklet by the University of Ottawa Heart Institute and Congestive Heart Failure Clinic pamphlet; Queensway Carleton Hospital.

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