

Palliative care for HF patients

Palliative care may be indicated for patients with symptomatic advanced heart failure (HF), generally defined as persistent New York Heart Association functional class IV (symptoms at rest despite optimal pharmacologic and cardiac device therapies) *and* stage D heart failure (advanced, refractory symptoms or the need for mechanical circulatory support or cardiac transplantation) to improve quality of life.

Palliative care also may be considered for patients with any of the following:

- frequent hospitalizations
- chronic poor quality of life
- need for continuous I.V. inotropic support (dobutamine or milrinone)
- cardiac cachexia (muscle wasting)
- progressive decline in serum sodium level (below 133 mg/dL)
- progressive deterioration in renal function (with increased blood urea nitrogen and serum creatinine)
- inability to receive vasodilators due to persistent symptomatic low systolic blood pressure.

Developing a palliative care plan

When developing the care plan, consider comorbid conditions, such as frailty and dementia.

- Establish a supportive relationship with the patient's family, care providers, and other support resources.
- Learn about the patient's end-of-life preferences, including resuscitation. If an implantable-cardioverter defibrillator is in place, discuss deactivation if it fires frequently.
- Clarify the patient's prognosis in a caring, supportive way. Offer direct, simple messages in easily understood language.
- Create an environment that promotes open discussion about the patient's remaining life goals and expectations and desires regarding medical care.
- Maintain the patient's usual care functions to the extent possible.
- Minimize signs and symptoms of HF and comorbid conditions.
- Identify the patient's emotions during discussions, and show empathy.