Fluid management algorithm in heart failure

Patient with heart failure who has an unexpected **rapid weight change** of 2 kg or more over 2 days or longer

Weight gain

- Signs and symptoms of fluid retention? i.e. dyspnoea, peripheral oedema, ↑JVP
- 1. Check adherence to medications, diet and fluid restrictions
- 2. Review biochemistry and previous diuretic response
- 3. Titrate loop diuretic dose (increase if fluid overloaded and decrease if dehydrated)*
- 4. Monitor renal function, potassium and response to therapy

Weight returns to baseline?

- Yes
  - Reduce diuretic dose to maintain dry weight with close monitoring
- No
  - Seek specialist opinion

Weight loss

- Signs and symptoms of dehydration? i.e. dizziness, thirst, fatigue, ↓urine output, ↑urine concentration, postural BP drop
- Yes
  - Continue to closely monitor weight and symptoms and review biochemistry.
- No
  - Symptoms +/- weight loss

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*Loop diuretic titration tips

- Refer to medical practitioner if medication titration is not within scope of practice
- Use the lowest dose possible and time doses to suit the patient's lifestyle

**Up titration considerations**

- Increase dose by 50-100% from usual dose with a goal of reducing weight by 0.5-1kg a day
- For patients with difficult fluid balance or chronic renal impairment, the treating clinician may accept continuance of mild symptoms of fluid retention.

**Down titration considerations**

When weight has returned to baseline: trial diuretic reduction until minimal dose is achieved to maintain baseline weight

(This is a general guide only. Doses may vary depending on clinical circumstance)