

# Monitoring of heart failure medicines

Medication class	Parameter monitoring frequency			
	Heart rate	Blood pressure	Serum potassium & creatinine	Serum drug levels
<b>Beta Blockers</b>	Each visit and perform ECG if outside normal limits.	Every visit		
<b>*ACEI, ARB or ARNI</b>		Every visit	Baseline and 1 week after starting or changing dose. If no renal impairment or other risk factors, monitor every 3 to 6 months during stable maintenance therapy.	
<b>Mineralcorticoid Receptor Antagonist (MRA)</b>		Every visit	Baseline and 1 week after starting or changing dose. Monthly for 6 months and then 6 monthly once dosing is stable.	
<b>Diuretics</b>		Every visit	Frequently during the first few months (particularly medically unstable) and periodically thereafter.	
<b>Digoxin</b>	Each visit and perform ECG if outside normal limits.		Check before initiating, and periodically thereafter.	Check at steady state (after about 7 days of therapy if renal function is normal). Routinely monitor if toxicity or nonadherence is suspected.
<b>Ivabradine</b>	Regularly check rate and rhythm (via palpation) and perform ECG if outside normal limits.			

\* Angiotensin Converting Enzyme Inhibitor (ACEI), Angiotensin Receptor Blocker (ARB), Angiotensin Receptor Neprilysin Inhibitor (ARNI)

Information contained within this table highlights some common monitoring parameters in heart failure patients. Please refer to a comprehensive reference such as the Australian Medicines Handbook, the product information, or Micromedex Healthcare Series Database for a full description. NB: recommendations vary depending on reference.