

## Congestive Heart Failure

### When to Consult an Advanced Heart Failure Specialist

Inova Heart and Vascular Institute has a team of specialists for the treatment of congestive heart failure – advanced heart failure and transplant cardiologists and cardiac surgeons. They work together in a multidisciplinary program to assist referring physicians in managing complex heart failure patients. The team performs prognostic testing to assess the status of each patient and determine appropriate therapies for consideration.

We provide physician-, nurse- and pharmacist-based **optimal medical therapy** for advanced heart failure patients. We also offer a breadth of **investigational medications and devices** when conventional medications are not enough. Many innovative solutions, such as **remote, home-based monitoring** using a pulmonary artery pressure sensor, are utilized to improve care.

In addition, our team offers **advanced surgical interventions** such as **mechanical circulatory support with left ventricular assist devices (LVADs)** to improve quality and quantity of life in patients with end-stage heart failure.

For instances where transplantation is appropriate, our team is the most experienced in the Washington, DC region. Inova performed the region's first heart transplant in 1986 and now performs approximately 20 to 25 **heart transplants** each year for patients with end-stage heart disease.

**NEW!**

### Urgent Heart Failure Clinic

Offering same-day or next-day appointments with an advanced practice provider for decompensated heart failure patients.

**703.776.2529 • [urgentHFclinic@inova.org](mailto:urgentHFclinic@inova.org)**



Contact us to schedule a physician consultation:  
**703.776.7697 • [heartfailure@inova.org](mailto:heartfailure@inova.org)**

# Criteria for Referral to Advanced Heart Failure Specialist “I NEED HELP”

Patients with any of the following high-risk clinical triggers are an appropriate referral for evaluation by an advanced heart failure and transplant cardiologist:

<b>I</b>	Inotropes	Previous or ongoing requirement for dobutamine, milrinone, dopamine or levosimendan
<b>N</b>	NYHA Class/ Natriuretic Peptides	Persisting NYHA Class III or IV and/or persistently high BNP or NT-pro-BNP
<b>E</b>	End-Organ Dysfunction	Worsening renal or liver dysfunction in the setting of heart failure
<b>E</b>	Ejection Fraction	Very low ejection fraction < 20%
<b>D</b>	Defibrillator Shocks	Recurrent appropriate defibrillator shocks
<b>H</b>	Hospitalizations	More than one hospitalization with heart failure within the past 12 months
<b>E</b>	Edema/Escalating Diuretics	Persisting fluid overload and/or increasing diuretic requirements
<b>L</b>	Low Blood Pressure	Consistently low BP with systolic < 90 to 100 mm Hg
<b>P</b>	Prognostic Medication	Inability to up-titrate (or need to decrease/ cease) ACEI, ARBs, ARNIs, B-Blockers or MRAs*

\* ACEI *Angiotensin-converting enzyme inhibitor*  
 ARBs *Angiotensin receptor blockers*  
 ARNI *Angiotensin receptor neprilysin inhibitors*  
 BNP *B-type natriuretic peptide*  
 MRA *Mineralocorticoid receptor antagonist*



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