

## Pharmacist E-Care Plan: Heart Failure Patient Case



**Patient Case:** TL is a 78 year-old African American male with a 9-month history of heart failure (HF). TL was recently discharged from the local hospital after being admitted for an acute HF exacerbation. Upon discharge, the patient remained on maintenance medications and started furosemide 40 mg QD. He was referred to his PCP for follow-up within 2 weeks post discharge.

TL was contacted by care management and agreed to enroll in disease state management. His personal goals include returning to his baseline activity as much as possible. (Before this hospitalization, TL was active maintaining his home, two apartments and a large flower and vegetable garden.) During a routine phone call, the care manager discovers that the patient has yet to pick up his post-discharge prescriptions from the pharmacy. The care manager contacts the pharmacist to identify possible barriers to care and works with the pharmacist to schedule a convenient pick up time for the patient. Upon further investigation in providing medication reconciliation, the pharmacist notices that the prescription for carvedilol is written for once daily, when typically the prescribed dose is BID for HF patients. The pharmacist calls the prescriber and the prescription is changed to reflect BID dosing.

When TL arrives at the pharmacy, the pharmacist performs an initial encounter. The pharmacist counsels him and his wife on medication adherence and heart failure management. Upon discussion with TL, the acute HF exacerbation seemed to have been triggered by drinking >2 L of fluid per day and eating fast food with high amounts of sodium. TL weighed 1 day earlier before the initial encounter with a weight of 180 lbs. Today he weighs, 184 lbs. Pharmacist will follow-up with PCP to discuss TL's weight gain. TL admits he has trouble remembering to take his chronic medications and isn't sure how he is going to remember to take them on time. The pharmacist suggests adherence packaging and helps TL set alarms on his cellphone.

The pharmacist also reviews reading nutrition labels with the patient and it becomes clear that TL is very overwhelmed by all the values. The pharmacist spends additional time counseling the patient. Also, the pharmacist discussed and implemented a follow-up plan with TL which includes a patient-specific weight capture process.

### Encounter Reason and Type:

- Heart failure medication review: 473226007
- Heart failure education: 423475008
- Initial assessment: 315639002

### Medication List:

- Lisinopril 40 mg QD
- Carvedilol 3.125 mg BID
- Spironolactone 12.5 mg QD
- Furosemide 40 mg QD

### Vitals:

- Body weight: 29463-7
- 184 lbs (4 lb increase in 24 hours)

### Patient Goals:

- Being able to garden and complete normal activities after hospitalization
- Reduce caregiver burden on family
- Minimize trips to the emergency room for heart failure exacerbation

Referral from Transition Care Nurse: 306045005

Penicillin Allergy: Rx Norm - 70618

### Drug Therapy Problems/Problem Observation:

- Medication non-adherence: 702565001
- Medication dose too low: 448152000
- Dietary sodium high: 162528004
- Noncompliance with fluid volume management: 129833008

### Interventions:

- Educated patient and patient's wife on nutrition label reading and how to cook a low sodium diet: 61310001
- Educated patient on how to appropriately self-monitor weight and symptoms: 423475008
- Reviewed heart failure medication and confirmed dose of beta blocker with prescriber: 473226007
- Obtained new prescription from provider for beta blocker in order to comply with treatment guidelines: 428821000124109
- Counseled patient on the importance of medication adherence and offered blister packaging services to patient: 410123007
- Low salt diet education 183063000

### Care Coordination Notes:

- Referral to physical therapy to help TL reach goals
- Contact PCP about furosemide dose
- Pharmacy to follow-up with patient in 2 weeks