Winnipeg Regional Health Authority
Cardiac Sciences Program
Heart Failure Clinical Pathway
Standards Document

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Preface

The provision of quality care as guided by evidence-informed tools is important to healthcare providers and care recipients. Over the years, evidence-based clinical practice tools including clinical pathways have evolved which support health care providers in evaluating the quality of care provided, identify areas for improvement, and facilitates better use of limited resources. The added benefits of clinical pathways include possible reduction in readmission, reduction in mortality, higher adherence to quality indicators by care providers, increase compliance to interventions by patients, and increase patient and staff satisfaction. It is important to remember that while clinical pathways are tools to assist in the provision of care and clinical judgment, individual patient preferences remain important in maintaining individualized quality care.

New York Heart Association Functional Status

The approach used to quantify the degree of functional limitation caused by heart failure (HF). Developed by the New York Heart Association (NYHA), this system assigns patient to one of four functional classes:

- Class I – no symptoms (greater than 400m on 6-minute walk test)
- Class II – symptoms on ordinary exertion (301-400m on 6-minute walk test)
- Class III – symptoms on slight exertion (201-300m on 6-minute walk test)
- Class IV – symptoms at rest (less than 200m on 6-minute walk test)

Heart Failure Clinical Pathway Overview

The HF Clinical Pathway is to be used as a guideline and in no way replaces sound clinical judgement and professional practice standards.

Note: The HF Clinical Pathway should NOT be initiated without a primary diagnosis of HF. Clarify diagnosis prior to use.

Inclusion Criteria

All patients admitted to cardiology or medicine units with a primary diagnosis of HF can have their care guided by the HF Clinical Pathway. If the patient is unstable on admission (i.e. intensive care unit admission), place the clinical pathway care on hold until the patient is stabilized. All HF patients are to have their care guided by the HF Clinical Pathway once stabilized. In summary, the inclusion criteria are:

- Primary diagnosis of HF
- Admitted to cardiology or medicine unit

Exclusion Criteria

- Cardiogenic shock

- ICU admission
- AMI/ACS complicating HF
- Requiring continuous renal replacement therapy
- Palliative HF

Implementation Guidelines

1. After a diagnosis of HF has been made the Authorized Prescriber will complete the Standard Orders.
    a. Transcribe the orders onto the patient care plan and Medication Administration Record as appropriate.
2. If Standard Orders are not completed, nursing staff can initiate the HF Clinical Pathway in the following manner:
    a. Provide appropriate assessments, interventions and teaching based on the patient's clinical status according to the Acute, Maintenance or Transition Phases of the HF Clinical Pathway.
    b. Provide the patient:
        - *Living with Heart Failure*
        - *HF Patient/ Family Care Guide*
3. Verification of their Primary Care Provider (PCP), which is defined as the Home Clinic, Family Physician, Nurse Practitioner, Health Clinic, or Nursing Station which serves as the patient's home base within the health care system.
    a. The admitting nurse or delegate will verify if the patient has a PCP. The following script may assist in the initiation of the conversation:

        "Your health care is important to us. To continue the support of your care when you return home, please provide the name of your **Family Physician/Nurse Practitioner, Home Clinic, or name of Health Clinic/ Nursing Station** where you have received care and/or prescriptions for your medication in the last two years."

    b. Ensure the correct contact information is recorded on the patient's medical record.

        If the patient does not have a PCP or has not seen a PCP within the last two years, please follow steps to connect the patient to the Family Doctor Finder (FDF) as outlined in section 4.

        If patient resides in a First Nation community, identify the closest Health Centre/Nursing Station from the supplied list (Appendix M) and confirm if

this is where the patient has received care or medications within the last two years.

4. Notification given to the patient's Primary Care Provider

   Fax the "Primary Care Notification" letter to the Home Clinic, Family Physician, Nurse Practitioner, Health Clinic, or Nursing Station. This notification is important as it: a) verifies the patient's PCP and b) alerts the provider that their patient is in hospital and to expect a call from the in-patient unit to schedule a follow-up appointment two weeks post discharge.

   If the PCP contact is incorrect or declined, reconfirm information with the patient/family as indicated in section 3 and resend to appropriate contact.

   If the patient does not have a PCP, is unable to advocate for themselves, and/or there is a high level of urgency to see a PCP, refer to Family Doctor Finder (FDF) and provide FDF card as appropriate.

   a. For patients who live in Winnipeg:

      The health care provider will register the patient by calling 204-786-7111 and provide the FDF staff with the priority contact code 703. The health care provider will be the contact person.

   b. For patients who do not live in Winnipeg:

      The health care provider will register the patient by calling 1-866-690-8260 and provide the FDF staff with the priority contact code 703. The health care provider will be the contact person.

      Once registered the FDF staff will contact the designated health care provider to discuss the registrant's specific and more urgent needs.

   c. For patients who live in or near a First Nation/Inuit Community:

      Ask the patient's permission to notify the Health Centre or Nursing Station on admission and to fax their relevant medical information to the local Health Centre or Nursing Station upon discharge. Advise the patient to contact their Health Centre or Nursing Station upon discharge.

   Note: The health care provider contact should not be a specific person but rather a designated role – for example the clinical resource nurse.

   The priority code is only to be used by staff for urgent requests and should not be used for purposes outside of those stated above.

Guidelines for Discontinuation of Care Map:

- The goal of care is palliative
- Patient is a candidate for advanced therapy (i.e. ventricular assist device, heart transplant)

- Patient is waiting for alternate level of care and has received the HF teaching

Process for Establishing Care Map for Patients Transferred from One Site to Another

A copy of the HF Clinical Pathway should be included by the sending facility. This is to allow the receiving facility to determine the phase of the HF Clinical Pathway that the patient is at and allow for reassessment of progress. If the patient is transferred and a notification of an error regarding PCP is received, it is the sending facility's responsibility to notify the receiving facility to verify correct PCP contact information.

Discharge Criteria

The following discharge criteria are to be met prior to patient discharge:

- The patient is hemodynamically stable
- The patient is stable on the current dose of diuretic and is euvolemic with presenting symptoms resolved
- The patient and/or family have received in-house HF teaching and discharge education
- The patient has received a discharge prescription for: Angiotensin converting enzyme inhibitor (ACEi) or Angiotensin receptor blocker (ARB), beta-blocker, mineralocorticoid receptor antagonist (MRA; also known as aldosterone antagonist), and diuretic according to guidelines. Note any allergies or contraindications and alert the Authorized Prescriber as needed
- If appropriate, the patient has been connected to Indigenous Health: Patient Services for spiritual care, advocacy, and support with discharge planning and coordination (including assistance with travel)
- The *Discharge Summary: Heart Failure Education* sheet has been completed and faxed to the PCP, Home Clinic, or Nursing Station
- The patient has a follow-up appointment booked with their Primary Care Provider by the discharging unit
- Appropriate community referrals have been made but are not limited to:
    - Heart Failure Clinic
    - Community Dietitian
    - Home Care or Rapid Response Nursing
    - Social Work

Medical Standards

Heart Failure Standard Orders activation process:

A black box (■) beside an order indicates an order is automatically activated unless it is crossed out and initialled by the Authorized Prescriber.

A white box (□) beside an order indicates that the Authorized Prescriber must place a check in the white box to activate the order and complete specific prescribing information.

The following lists the orders available on the HF Standard Orders:

Laboratory/Diagnostic Standards

- Troponin T q8h x 3
- Na, K, Cl, CO_2, urea, creatinine once, then daily x 3 days
- CBC, INR once
- BNP if not done in Emergency Department
- Chest x-ray if not done in Emergency Department
- 12-lead ECG if not done in Emergency Department
- Continuous cardiac monitoring (if indicated)

Nursing Orders

- Height and weight on admission
- Weight daily
- Fluid balance – all sources intake and output
- Vital signs as per Heart Failure Clinical Pathway
- Activity as tolerated
- Bedrest

Respiratory Orders

- Patient Management Protocol – oxygen therapy (St. Boniface Hospital only)
- Oxygen therapy for O_2 saturations equal to or less than 90%

Nutrition Services

- Diet – NPO
- Diet – Standard
- Diet – Controlled Carbohydrate
- Fluid restriction 1500 ml or 2000 mL

Automatic Referrals

- Physiotherapy for education regarding exercise/activity and assessment of mobility if patient requires assistance
- Occupational therapy for assessment and education regarding activities of daily living (ADL) as well as education of emotional well-being as required
- Clinical dietitian for education regarding fluid and sodium restrictions

Optional Consults

- Pharmacy (for complex medication needs or approvals i.e. blister packs, Exceptional Drug Status, First Nations and Inuit Health Branch)
- Respiratory therapy
- Spiritual care
- Home care
- Social work
- Indigenous health
- Cardiology

Pharmacological Therapies

IV Access

- Infuse _____(solution) at _____mL/hr
- Saline Lock

ACE Inhibitors (ACEi)

1. Enalapril _____ mg PO q12h (usual start dose 1.25-2.5 mg, target dose 10-20 mg).
2. Ramipril _____mg PO q12h (usual start dose 1.25-2.5 mg, target dose 5 mg).

3. Perindopril _____ mg PO daily (usual start dose 2 mg, target dose 8 mg).

Angiotensin Receptor Blockers (ARB)

1. Candesartan ____ mg PO daily (usual start dose 4-8 mg, target dose 32 mg).
2. Valsartan _____ mg PO q12h (usual start dose 40 mg, target dose 160 mg).

Beta Blockers

1. Metoprolol _____ mg PO q12h (usual start dose 12.5-25 mg, target dose 100 mg).
2. Carvedilol _____ mg PO q12h (usual start dose 3.125 mg, target dose 25 mg (50 mg if greater than 85 kg).
3. Bisoprolol _____mg PO daily (usual start dose 1.25 mg, target dose 10 mg).

Mineralocorticoid Receptor Antagonists (MRA)

1. Spironolactone _____ mg PO daily (usual start dose 12.5 mg, target dose 50 mg).

Angiotensin Receptor-Neprilysin Inhibitor (ARNI) (Formulary – Restricted)

1. Sacubitril/Valsartan_____ mg PO q12h (Note: Dosing is dependent on prior dose/prior presence of ACEi or ARB. Washout of ACEi is required prior to starting).

Diuretics

1. Furosemide _____ mg IV daily (usual start dose 20 mg).
2. Furosemide _____ mg PO daily (usual start dose 40 mg).
3. Furosemide _____ mg _____
4. Metolazone _____mg PO daily (usual start dose 2.5 mg) for _____ days then reassess (suggested to reassess in 2 days).
5. Metolazone _____mg PO _____ for _____ days then reassess (suggested to reassess in 2 days).
6. Ethacrynic acid _____ mg IV OD (usual start dose 25-50 mg) (**Note:** Alternative in patients allergic to furosemide or with severe sulfa allergy)
7. Ethacrynic acid _____ mg PO OD (usual start dose 25-50 mg) (**Note:** Alternative in patients allergic to furosemide or with severe sulfa allergy)
8. Ethacrynic acid _____ mg_____

Other Cardiac Medications

1. Hydralazine _____ mg IV q6h (usual start dose 5 mg).

2. Hydralazine _____ mg IV q8h (usual start dose 5 mg) suggested regimen in renal dysfunction.

3. Hydralazine _____ mg PO QID (usual start dose 10–37.5 mg, target dose 300 mg total per day).

4. Hydralazine _____ mg PO TID (usual start dose 10–37.5 mg, target dose 300 mg total per day) suggested regimen in renal dysfunction.

5. Isosorbide dinitrate ____ mg PO TID with meals (usual start dose 10-20 mg, target dose 120 mg total per day).

6. Nitroglycerine patch ____ mg/h for 12 hours daily, then 12 hours off (usual start dose 0.4 mg/h).

7. Digoxin ____ mg IV daily (usual dose 0.0625 mg) (Note: Use caution in the elderly and in those with decreased renal function)

8. Digoxin ____ mg PO daily (usual dose 0.0625-0.125 mg) (Note: Use caution in the elderly and in those with decreased renal function)

9. Ivabradine **(non-formulary – requires approval prior to ordering)** ____ mg PO BID breakfast and supper (usual start dose 5 mg; resting heart rate must be greater than 77 beats per minute. Added to optimal medical therapy).

Guidelines to Support Pharmacological Therapies

This following pharmacologic treatment of HF with reduced ejection fraction was developed in accordance with CCS best practices and in accordance with the framework for application of grading of recommendations, assessment, development, and evaluation.

The Canadian Cardiovascular Society (CCS) strength of recommendations are based on the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) scores. The quality of evidence reflects the extent to which confidence in an estimate of an effect is adequate to support a particular recommendation. The GRADE approach separates the quality of evidence (very low, low, moderate, or high) from the strength of recommendations (strong or weak).

I. CCS uses strong or weak as qualifiers for strength of recommendations. There are 4 factors to consider when determining the strength of a recommendation:

    1. Quality of evidence: The higher the quality of evidence, the greater the probability that a strong recommendation is indicated.

    2. Difference between desirable and undesirable effects: The greater the difference between desirable and undesirable effects, the greater the probability that a strong recommendation is indicated.

    3. Values and preferences: The greater the variation or uncertainty in values and preferences, the higher the probability that a weak recommendation is indicated.

4. Cost: The higher the cost, the lower the likelihood that a strong recommendation is indicated.

II. CCS rates the quality of evidence for recommendations. CCS uses the words high, moderate, low, very low for rating the quality of evidence of a recommendation as defined below:

High: Further research is very unlikely to change our confidence in the estimate of effect.

Moderate: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

Low: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very Low: Any estimate of effect is very uncertain.

2017 Comprehensive Update of the CCS Guidelines for the Management of Heart Failure recommends that most patients with heart failure with reduced ejection fraction (HFrEF) be treated with triple therapy including an ACEi (or an ARB in those that are ACEi intolerant), a beta-blocker and a MRA unless specific contraindications exist *(Strong Recommendation, Moderate Quality Evidence)*.

ACEi/ARB

There is extensive data on the use of ACEi's for patients with HFrEF to reduce morbidity and mortality and improve quality of life. CCS guidelines recommend an ACEi, or ARB in those with ACEi intolerance, be used in all asymptomatic patients with an ejection fraction (EF) less than 35% *(Strong Recommendation, Moderate Quality Evidence)* and all symptomatic HF patients with an EF less than 40% *(Strong Recommendation, High Quality Evidence)*. CCS guidelines also recommend an ACEi, or ARB in those with ACEi intolerance, in patients with acute myocardial infarction (MI) with HF, or an EF less than 40% post-MI. An ACEi or ARB should be used as soon as safely possible post-MI and be continued indefinitely (*Strong Recommendation, High Quality Evidence*).

The available data suggest that there are no differences among available ACEi's in their effects on symptoms or survival. Treatment with an ACEi or ARB should be initiated at low doses, followed by gradual dose increments as tolerated to target doses used in clinical trials. Renal function and serum potassium should be assessed within 1 to 2 weeks of initiation of therapy and periodically thereafter. Caution should be used if the patient has very low systemic blood pressures (systolic blood pressure less than 80 mmHg), markedly increased [serum levels of creatinine (greater than 3 mg/dL [265 mmol/L]), bilateral renal artery stenosis, or elevated levels of serum potassium (greater than 5.0 mEq/L). Although ARBs may be considered as alternative therapy for patients who have develop angioedema while taking an ACEi, there are some patients who have also developed angioedema with ARBs, and caution is advised when substituting an ARB in a patient who has had angioedema associated with use of an ACEi.

Beta-blockers

There is extensive data on the use of beta-blockers for patients with HFrEF to reduce morbidity and mortality and improve quality of life. CCS guidelines recommend a beta-blocker that is proven to be beneficial in clinical trials be started in all HF patients with an EF less than 40% *(Strong Recommendation, High Quality Evidence)* and all patients with a left ventricular ejection fraction (LVEF) less than 40% with prior MI *(Strong recommendation, Moderate Quality Evidence)*. Beta-blockers proven to be beneficial in clinical trials are bisoprolol, carvedilol, and metoprolol succinate extended release (not available in Canada – metoprolol tartrate immediate release is used although not studied). CCS guidelines also recommend that NYHA class IV patients be stabilized before initiation of a beta-blocker *(Strong Recommendation, High Quality Evidence)*. They also recommend that beta-blockers be initiated as soon as possible after diagnosis of heart failure, including during the index hospitalization, provided that the patient is hemodynamically stable. Clinicians should not wait until hospital discharge to start a beta-blocker in stabilized patients (*Strong Recommendation, High Quality Evidence*). Treatment with a beta-blocker should be initiated at very low doses and titrated in gradual increments to the target doses achieved in clinical trials. In patients with a current or recent history of fluid retention, beta-blockers should be prescribed with diuretics, because diuretics may prevent the exacerbation of fluid retention that can accompany the initiation of beta-blocker therapy. Beta-blockers may be considered in patients who have reactive airway disease or asymptomatic bradycardia but should be used cautiously in patients with persistent symptoms of either condition.

Mineralocorticoid Receptor Antagonists (MRA)

There are two key clinical trials and 1 meta-analysis that support the addition of a MRA to a beta-blocker and an ACEi across the spectrum of symptomatic patients with HFrEF. The EMPHASIS-HF trial expanded the use of MRAs to HFrEF patients with mild symptoms and the EPHESUS trial supports the use of eplerenone compared to placebo post-MI with reduced EF. CCS guidelines recommend a MRA for patients with acute MI with EF less than 40% and HF or with acute MI and an EF less than 30% alone in the presence of diabetes (*Strong Recommendation, High Quality Evidence*). There is limited data to support or refute that spironolactone and eplerenone are interchangeable. The perceived difference between spironolactone and eplerenone is the selectivity of aldosterone receptor antagonism and not the effectiveness of blocking mineralocorticoid activity. For this reason, spironolactone should be attempted first. If the patient experiences intolerable hormonal adverse effects (i.e. gynecomastia, breast tenderness), then the spironolactone should be switched to eplerenone. Creatinine should be less than or equal to 2.5 mg/dL (221 mmol/L) in men or less than or equal to 2.0 mg/dL (177 mmol/L) in women (or estimated glomerular filtration rate [eGFR] greater than 30 mL/min/1.73m^2). Potassium should be less than 5.0 mEq/L. Careful monitoring of potassium, renal function, and diuretic dosing should be performed at initiation and closely followed thereafter to minimize risk of hyperkalemia and renal insufficiency. After initiation, potassium supplementation should be discontinued (or reduced and carefully monitored in those with a history of hypokalemia/on high diuretic doses) and patients should be counseled to avoid foods high in potassium and nonsteroidal anti-inflammatory drug. Potassium levels and renal function should be rechecked within 2 to 3 days and again at 7 days after initiation. Subsequent monitoring should be dictated by the general clinical

stability of renal function and fluid status but should occur at least monthly for the first 3 months and every 3 months thereafter.

Angiotensin Receptor-Neprilysin Inhibitors (ARNI)

CCS guidelines recommend that an ARNI be used in place of an ACEi or ARB in patients with HFrEF who remain symptomatic despite treatment with appropriate doses of guideline-directed medical therapy (GDMT) to decrease cardiovascular death, HF hospitalizations, and symptoms *(Strong Recommendation; High Quality Evidence)*.

In the "Prospective Comparison of ARNi with ACEi to Determine Impact on Global Mortality and Morbidity in Heart Failure (PARADIGM-HF)" trial, the ARNI sacubitril/ valsartan was compared with enalapril in patients with HFrEF. Sacubitril/valsartan significantly reduced the primary outcome (composite of death from cardiovascular causes or hospitalization for HF), all-cause mortality, cardiovascular mortality, HF hospitalization, and symptoms of HF. The sacubitril/valsartan group had a higher proportion of patients with hypotension but a smaller risk of renal impairment, hyperkalemia, and cough than the enalapril group. The PARADIGM-HF trial excluded patients with a serum potassium greater than 5.2 mmol/L, an eGFR less than 30 mL/min, and symptomatic hypotension with a systolic blood pressure of less than 100 mmHg. When switching between an ARNI and an ACEi, a washout period of at least 36 hours is required to decrease the risk of angioedema. No washout period is required for conversion between ARNIs and ARBs. ARNIs is contraindicated in patients with a history of angioedema.

Diuretics

Oral and intravenous diuretics remain the mainstay of early therapy directed toward acute HF. Diuretics generally lead to excretion of sodium and water which results in a decrease in extracellular fluid volume, total body water, and sodium. A reduction in cardiac filling pressures, peripheral congestion, and pulmonary edema usually follows. Intravenous loop diuretics may cause an early decrease in right atrial pressure and pulmonary capillary wedge pressure. When using high intravenous doses, reflex vasoconstriction might occur. In acute HF, by normalizing loading conditions, these high doses might reduce neurohormonal activation in the short-term.

CCS guidelines recommend that intravenous diuretics be given as first line therapy for patients with pulmonary or peripheral congestion *(Strong Recommendation, Low Quality Evidence)*. CCS guidelines also recommend that for patients requiring intravenous diuretic therapy, furosemide may be dosed intermittently (e.g. twice daily) or as a continuous infusion (*Strong Recommendation, Moderate Quality Evidence*).

When acute congestion is cleared, the lowest dose that is compatible with stable signs and symptoms should be used. Target 0.5-1.0 kg of weight loss per 24-hour period while a patient with volume overload is actively diuresing. Patients who are losing less than 0.5 kg per day despite at least 40 mg of IV furosemide will need a reassessment of fluid status and may be diuretic resistant. Diuretic resistance can often be overcome by the intravenous administration of diuretics, including the use of continuous infusions, or combination of

different diuretic classes (i.e. metolazone with a loop diuretic). Electrolytes and creatinine should be closely monitored during diuretic titration.

Once transitioned from IV to oral diuretic therapy, the stability of symptoms, weight, and hemodynamics should be observed for approximately 24 hours prior to hospital discharge. To transition a patient to oral diuretics, be aware that the oral version of furosemide has approximately 50% bioavailability compared to IV furosemide. Although the most commonly used loop diuretic for the treatment of HF is furosemide, some patients respond more favorably to other loop diuretics (i.e. bumetanide) because of increased oral bioavailability.

Hydralazine and Isosorbide dinitrate (H-ISDN)/Nitroglycerin Patch

CCS guidelines recommend the combination of H-ISDN be considered in addition to standard GDMT at appropriate doses for African-American patients with HFrEF and advanced symptoms *(Strong Recommendation; Moderate Quality Evidence)*. They also recommend that H-ISDN be considered in patients with HFrEF unable to tolerate an ACEi/ARB/ARNI because of hyperkalemia or renal dysfunction (*Strong Recommendation, Low Quality Evidence*).

Renal dysfunction warranting a trial of H-ISDN includes those that have a significant change in creatinine from baseline with ACEi/ARB/ARNI that persists despite modification of dose, re-challenge and/or removal of other potentially nephrotoxic agents. It may also be considered in those with a serum creatinine greater than 220 µmol/L who experience significant worsening in renal function with the addition of an ACEi/ARB/ARNI or if the risk of a trial of these agents (i.e. potential worsening of renal function requiring renal replacement therapy) is thought to outweigh benefits.

Hyperkalemia warranting a trial of H-ISDN includes those with persistent hyperkalemia (potassium greater than 5.5 mmol/L) despite dietary intervention, dosage reduction of ACEi/ARB/ARNI and removal of other agents known to increase potassium levels.

Nitrates alone may be useful to relieve orthopnea, paroxysmal nocturnal dyspnea, exercise-induced dyspnea, or angina in patients when used as a tablet (isosorbide dinitrate) or transdermal patch, but continuous use should generally be avoided because most patients will develop tolerance. It should be noted that nitroglycerin sublingual tablets and sprays are short acting and should only be used for management of episodic angina.

Digoxin

CCS guidelines suggest that digoxin be considered in patients with HFrEF in sinus rhythm who continue to have moderate to severe symptoms, despite appropriate doses of GDMT to relieve symptoms and reduce hospitalizations (*Weak Recommendation, Moderate Quality Evidence*).

These recommendations place a high value on the understanding that the use of cardiac glycosides in HFrEF remains controversial in light of contemporary therapy and lack of

mortality benefit. Digoxin can cause atrial and ventricular arrhythmias, particularly in the presence of hypokalemia or worsening renal function (with increased digoxin levels).

There is no reason to use loading doses of digoxin to initiate therapy in patients with HF. Lower doses should be used with advanced age, renal dysfunction, low lean body mass, and with drug interactions. Doses of digoxin that achieve a plasma concentration of drug in the range of 0.5 to 0.9 ng/mL are suggested. Overt digoxin toxicity is commonly associated with serum digoxin levels greater than 2 ng/mL but may also occur with lower digoxin levels, especially if hypokalemia, hypomagnesemia, or hypothyroidism coexist. Routine digoxin levels are not required other than to assess for digoxin toxicity. Digoxin levels should be monitored more frequently in patients at higher risk for toxicity (reduced or fluctuating renal function, elderly patients, patients on interacting medications, those with low body weight, and women).

In patients receiving digoxin, serum potassium and creatinine should be measured with increases in digoxin or diuretic dose, the addition or discontinuation of an interacting drug, or during a dehydrating illness, to reduce the risk of digoxin toxicity.

Ivabradine

CCS guidelines recommend that ivabradine be considered in patients with HFrEF who remain symptomatic despite treatment with appropriate doses of GDMT, with a resting heart rate greater than 70 beats per minute, in sinus rhythm, and with a previous HF hospitalization within 12 months, for the prevention of cardiovascular death and HF hospitalization *(Strong Recommendation; Moderate Quality Evidence)*. Given the well-proven mortality benefits of beta-blocker therapy, it is important to initiate and up titrate these agents to target doses, as tolerated, before assessing the resting heart rate for consideration of ivabradine initiation. Ivabradine has no effect on blood pressure or myocardial contractility.

The first trial to assess ivabradine in coronary artery disease (CAD) was the "Morbidity-Mortality Evaluation of the I(f) Inhibitor Ivabradine in Patients With Coronary Disease and Left-Ventricular Dysfunction (BEAUTIFUL)" trial. This trial evaluated ivabradine in patients with CAD and LVEF less than 40% in sinus rhythm with a heart rate greater than 60 beats per minute. Ivabradine did not reduce the primary composite end-point of cardiovascular death, hospitalization for MI, or new-onset or worsening HF. It was found to reduce the incidence of the secondary end-point of fatal and nonfatal MI in patients with a baseline heart rate greater than or equal to 70 beats per minute.

The "Systolic Heart Failure Treatment With the I(f) Inhibitor Ivabradine Trial (SHIFT)" trial was the key trial to address the use of ivabradine in symptomatic HF (NYHA class II-IV). Patients were in sinus rhythm, had a resting heart rate greater than or equal to 70 bpm, a LVEF less than or equal to 35%, and a HF admission within 12 months. Ivabradine significantly decreased the primary end-point (composite of cardiovascular death and HF admission), which was largely driven by hospital admission for worsening HF. Treatment effect was consistent across predetermined subgroups, although the difference between treatment groups did not reach statistical significance in the subgroup with a baseline heart rate lower than the median of 77 bpm. Ivabradine did not reduce all-cause or cardiovascular

mortality. There were more withdrawals and bradycardia in the ivabradine group. Visual symptoms specific to ivabradine occurred rarely.

Consults to Consider

Home Care

Referrals are made through the regular home care processes for nursing. Patients and family can be referred to a Hospital-Based Case Coordinator while in hospital to review their care plan and work with the community case coordinator. If new to home care, in hospital assessment is recommended.

Rapid Response Nursing (RRN)

Rapid response nursing is available 12 hours per day (0800-2000 hours) seven days a week. The RRN eligibility criteria for adult clients:

- Poorly managed chronic disease (such as chronic obstructive pulmonary disease (COPD), HF, diabetes, etc.)
- Multiple admissions to hospital or frequent visits to emergency/urgent care
- Difficulty managing medications or has had a significant change in medication routine, poor support network

Regulated Health Care providers within the WRHA identify need for RRN service and complete the RRN referral form and fax to 204-940-8996. Regulated Health Care Providers outside the WRHA contact Nursing Central Intake via phone or fax: Nursing intake phone is 204-788-8337 and fax is 204-940-2227.

Social Work

Available to assist patients and families with adjustment to health problems, including: disability and loss, psycho/social/emotional problems, access and linkage to community resources, discharge planning and case management, negotiation of the healthcare system, and management of abuse and neglect concerns. Please complete the referral form and submit to the respective. For more information please see the social work page on the WRHA Insite.

Indigenous Health – Patient Services

Indigenous Health - Patient Services (IH-PS) provides culturally appropriate support, services, resources, and education for Indigenous patients and their families receiving care within the WRHA and the respective Indigenous communities (i.e. First Nations, Métis, Non-Status & Inuit). IH-PS primarily provides services to clients in or recently discharged from a WRHA facility, which may extend to community programs or through the Assembly of Manitoba Chiefs Patient Advocate Unit described below. Examples of services include: interpreters to assist with OT assessments in the home and information on resources for Indigenous people. Both Indigenous Health and Social Work should be consulted jointly when discharge planning support is required. Please fax referral information to 204-943-1728 or call Indigenous Health Centralized Support at 204-940-8880.

IH-PS Interpreter Resource Workers (IRWs)

Interpretation in Cree, Ojibway & Oji-Cree. Inuit patients are connected to the Government of Nunavut at Kivaliq Centre.

Offices at Health Sciences Centre (HSC), St. Boniface Hospital (SBH), Seven Oaks General Hospital, Concordia, and Grace General Hospital (GGH). Staff are mobile at all sites Mon-Fri 8:30 am - 11:00 pm and Sat/Sun 11:00 am - 7:00 pm

- Often first point of contact for patients
- Complete screening assessment and identifies need for other IH-PS roles
- Assist patients to access FNIHB or community resources and IH-PS family rooms at HSC, SBH, SOGH, and Concordia

IH-PS Spiritual/Cultural Care

Perform Ceremonies and prayer in hospitals and at Deer Lodge Centre (DLC), Riverview Health Centre (RHC), and South-East Personal Care Home (SEPCH)

- Provide access to teachings,
- Are a resource for both patients/families and staff,
- Provide cultural education to staff working in the Region,
- Traditional Wellness Clinic may provide access to traditional medicines and operates two days per month at HSC from 9-3pm (first Tuesday & Wednesday of the month).

IH-PS & Assembly of Manitoba Chiefs– Patient Advocate Unit (AMC-PAU) Complex Discharge Planning

A coordinated approach is essential for providing appropriate and culturally responsive complex discharges. Discharge Planners and Site Coordinators work with health care teams to identify opportunities for support that may be unique to the Indigenous client. Social Work and other members of the care team will follow-up with arranging assessments

IH-PS Regional Patient Advocate

Receives concerns/complaints about care that was given by WRHA providers, and also advocates to connect patients with WRHA resources and services.

Assembly of Manitoba Chiefs– Patient Advocate Unit (AMC–PAU)

Provide resources to First Nations patients and families and assists them in navigating systems external to WRHA. Examples: Navigation and advocacy (e.g. NIHB, housing, EIA, ID card etc.).

Nursing Standards

Assessment frequency and standards are outlined within each phase of the Heart Failure Clinical Pathway. See Appendix C for details.

Assessment, Interventions, and Considerations

- Within the context of acute care, patients with HF require on-going assessment and management conducted by all disciplines within their respective scopes of practice.
- Physical assessment of HF focuses on assessing for signs and symptoms of decompensated HF and observing the effectiveness of therapies.
- **New abnormal findings or worsening symptoms should be documented in the integrated progress note (IPN)/ progress note and reported to the physician or physician's delegate (i.e. Nurse Practitioner [NP], Clinical Assistant [CA], Physician Assistant [PA]).**

Cardiovascular			
Assessment	***Abnormal Findings***	***Intervention***	***Clinical Considerations***
Blood Pressure (BP)	**Hypotension** Expected when new HF medications are started or there is an increase in dose.	**Symptomatic:** Altered mental status, chest pain, tachycardia, diaphoresis, and nausea Maintain patent airway; Monitor and treat hypoxia/hypoxemia as per Oxygen Management protocol (SBH only); Establish IV access; Lower head of bed; Physician or delegate should be notified. **Asymptomatic:** Monitor for above symptoms of worsening hypotension.	Rule out alternative causes for hypotension; Decrease HF medication doses; Ensure patient has not had too vigorous a diuresis +/- fluids. It is not recommended to stop ACE inhibitors or beta-blockers abruptly. It is expected that these medications will lower heart rate (HR) and blood pressure (blood pressure (BP) and may be adjusted by the physician or delegate if the patient becomes symptomatic.

	Postural Hypotension A common finding in the HF patients, particularly the frail elderly.	Educate patient to avoid sudden position changes; Ensure call bell is within reach; Maintain bed in the lowest position; Assist with activity as needed.	Report to the physician or delegate a drop of 20 mmHg or more or if the patient is symptomatic with position changes.
	Hypertension BP greater than 140/90 mmHg (see Hypertension Canada Guidelines https://hypertension.ca/).	Report elevated BP to physician or delegate.	Increases the workload on the heart and is a major cause of diastolic heart failure. Tight BP control is very important for HF patients.
Assessment	***Abnormal Findings***	***Intervention***	***Clinical Considerations***
Heart Rate (HR) /Rhythm/ Palpitations	**Bradycardia** HR less than 50 beats per minute	**Symptomatic:** Hypotension, dizziness/ feeling lightheaded, chest pain/discomfort, pallor/ mottled skin, diaphoresis, nausea, and decreased urine output. Report symptomatic bradycardia to physician or delegate. **Asymptomatic:** Monitor for above symptoms.	Check pre-determined parameters for HR to determine if beta-blocker and/or digoxin is to be held.
	Tachycardia HR greater than 100 beats per minute	**Symptomatic:** As with bradycardia; Assess for palpitations; Monitor temperature to determine if febrile; Treat pain if present; Obtain a 12 lead ECG if	Atrial fibrillation is present in up to 25% of HF patients. Ventricular arrhythmias are a major cause of death in HF patients with left ventricular ejection fraction less than 30%.

		tachycardia is a new finding; Report symptomatic tachycardia to physician or delegate. **Asymptomatic:** Monitor for above symptoms.	
	Irregular pulse	If new finding: 12 lead ECG; **Symptomatic:** As with bradycardia; Assess apical pulse; Consult physician or delegate regarding need for anti-arrhythmic therapy.	Patients with known atrial fibrillation or atrial flutter should be assessed for the need of anticoagulation. Consult physician or delegate about the need for cardiac monitoring.
Assessment	***Abnormal Findings***	***Intervention***	***Clinical Considerations***
Fluid Volume Status	**Daily weights**	Weigh patient on admission and every morning before breakfast and record in the patient's chart; Administer diuretics as ordered; Document intake and output on fluid record; Low sodium diet (≤ 2g); Fluid restriction (1500 to 2000 mL per day); Minimize IV fluid volume if able; Educate patient on the importance of daily weights, and fluid and sodium restrictions.	Standardized weighing protocol should be used for daily weight measurements including: Use the same scale daily; Ensure the scale is calibrated to zero prior to each weight; Weigh patient at the same time each day; Weigh patient in the same clothing each day (indicate on chart what patient is wearing). Compare each day's value to the previous day and monitor trends.

			Notify physician or delegate if patient is not responding to diuretic therapy (i.e. increasing weight)**.**
	Edema	Avoid keeping limbs in gravity dependent positions; Apply compression therapies as ordered (i.e. wraps or stockings); Encourage range of motion exercises to extremities.	Note the location, amount and character of edema (e.g. pitting). In considering location, determine if the edema is localized (e.g. ankles) or generalized involving the whole body (e.g. anasarca), unilateral or bilateral.
Assessment	***Abnormal Findings***	***Intervention***	***Clinical Considerations***
Urine Output	**Oliguria** Urine output of less than 30 mL/hr or 400 mL/24hrs.	Monitor and document urine output on flow sheet and 24-hour fluid status record.	Urine output is generally only closely monitored in recently admitted or unstable HF patients. In stable patients, intake and weight are monitored and documented.
	Polyuria Urine output greater than 2.5-3L/day.	Physician or designate should be notified of oliguria or polyuria.	
Activity Level	**Activity intolerance, increased fatigue and weakness**	Promote bed rest until patient is stabilized. If patient is at risk for falls ensure: Bed is in the lowest position; Call bell is in reach; Assist as needed with activity; Use mobility aids if needed.	Educate patient on the need to balance activity with rest periods. Physiotherapy - mobility assessment and activity progression.

Respiratory			
Assessment	***Abnormal Findings***	***Intervention***	***Clinical Considerations***
Oxygenation Status	**SpO_2 less than 90%**	Provide supplemental oxygen to maintain SpO_2 greater than or equal to 90%. Initiate Oxygen Therapy Management Protocol (SBH only). Position patient for maximal lung expansion. Encourage deep breathing and coughing. Administer routine and PRN diuretics as ordered.	Oxygen should be used cautiously in patients with normal oxygen concentrations due to concerns with increasing systemic vascular resistance and reduced cardiac output. BiPAP or CPAP should be considered for patients with high respiration rate and systemic hypoxemia despite high flow oxygen administration. Specific sites may require that patients be monitored in an intermediate or critical care unit. Often dyspnea is related to increased fluid volume status. Physician or delegate may order chest x-rays and blood gases to assist with clinical decision making.
Skin Color	**Cyanosis, pallor**		
Respiratory Rate	**Tachypnea**		
Chest Sounds	**General bilateral crackles with or without wheezing.** **Does not clear with coughing**		
Presence of a Cough	**Initially dry and non-productive. Can advance to wet cough, productive pink or blood tinged frothy sputum.**		
Dyspnea	**Orthopnea** Shortness of breath while lying flat. **Paroxysmal nocturnal dyspnea** Waking at night with SOB. **Shortness of breath on exertion**		
Smoking Status	**Current Smoker** Use of nicotine (tobacco/E cigarettes) within the last 7 days.	Nicotine Replacement Therapy (NRT) as ordered by physician or delegate	Monitor and titrate NRT to minimize withdrawal symptoms. Medications may require a

	Past smoker Abstinence from nicotine (tobacco/E cigarettes) within the last 6 months.	Referral to out-patient cessation program and/or supports such as Smoker's Helpline.	change in dosage for smokers and again when they quit smoking (smoking can affect the bioavailability of some medications).
Gastrointestinal			
Assessment	***Abnormal Findings***	***Intervention***	***Clinical Considerations***
Changes in Appetite	**Reduced appetite** **Nausea/vomiting**	Encourage small, frequent meals; Administer anti-emetics as ordered; Encourage oral care before meals.	Assess patients for: impaired skin integrity, cachectic appearance, chewing and swallowing difficulty, nausea/emesis, food allergies or intolerances and/or poor oral intake. Clinical Dietitian to provide nutrition recommendations, sodium and fluid restriction. Dietitian may provide referral to community services if indicated.
Abdominal Pain **Bloating**	**Pain particularly in the right upper quadrant or epigastric area**	Notify physician or delegate.	Liver congestion (hepatomegaly) is a common finding and may contribute to abdominal swelling and/or pain.

Standards for Teaching Self-Management Skills

Nurses determine that patients and families understand their HF diagnosis and are able to recognize signs and symptoms of worsening HF.

Nursing is responsible for ensuring the self-management skills are taught to patients and families prior to discharge. This teaching responsibility is ideally shared with allied health professionals, but nursing is to ensure that all self-management skills have been signed off prior to discharge. If members of the allied health care team are not able to complete the necessary teaching, nursing is responsible for providing the appropriate information and/or resources for the patient/family to obtain the information.

Teaching Standards for Self-Management Skills

Heart failure is a chronic disease which cannot be cured, but it can be managed with medications and self-management skills. A key component to improved patient outcomes is the ability of patients to manage and monitor their health. Therefore, ***patient teaching is an integral part of the Hear Failure Clinical Pathway and is shared with all healthcare team members***.

A Coaching Method (Teach Back) should be used to assess the patient's and/or caregiver's understanding of discharge instructions and the ability to perform self-care. This method involves asking the patient or caregiver to restate, in their own words, what they thought they heard during the education session. If a gap in understanding is noted, additional teaching will be required with the patient and/or their caregiver.

There are a number of resources available to support the patients learning needs including:

- *Living with Heart Failure* book (ordered from the Heart and Stroke Foundation) en-living-with-heart-failure.pdf (heartandstroke.ca)
- *Heart Failure Zones* poster (included in the *Living with Heart Failure* book)
- *Heart Failure Education Class* video Heart Failure Clinic - Cardiac Sciences Manitoba (cardiacsciencesmb.ca)
- Informational video "Keeping the Beat with Physiotherapy: Heart Failure Edition" Heart Failure Clinic - Cardiac Sciences Manitoba (cardiacsciencesmb.ca)
- Fluid and Sodium Restriction handouts - Appendix I & J and Heart Failure Clinic - Cardiac Sciences Manitoba (cardiacsciencesmb.ca)
- Medication teaching sheets https://cardiacsciencesmb.ca/health-professionals/clinical-areas-pathways/cardiac-clinics/heart-failure/#clinical-resources
- Community Resources handout Appendix K

Self-Management Skill Table

Self-Management Skill	**Guideline Recommendation**	**Skills and Knowledge**	**Teaching Aid/Resources**
Fluid Restriction Minimize fluid retention	1500 to 2000 mL per day (6 to 8 cups). Some patients may require a tighter fluid restriction.	Understand what counts as fluid. Understand how to measure intake.	*Living with Heart Failure* Restricting Fluid handout - Appendix I
Weight	Monitor Daily	Understand the importance of monitoring their own	*Living with Heart Failure*

		weight. Understand what to do if weight increases.	Restricting Fluid handout
Sodium Restriction Minimize fluid retention	Less than 2 g per day	Understand sources of sodium. Understand how to read a nutrition facts panel for sodium content.	*Living with Heart Failure* Restricting Sodium handout – Appendix J
Alcohol Intake	Abstinence is recommended for alcohol-induced heart failure. For all other HF patients, the recommendation is to follow Canada's Low-Risk Alcohol Drinking Guidelines	Alcohol counts as a fluid and needs to be included in their daily fluid restriction.	*Living with Heart Failure* Alcohol depresses heart function and may cause or worsen heart function. Canada's Low-Risk Alcohol Drinking Guidelines [brochure] | Canadian Centre on Substance Use and Addiction (ccsa.ca)
Smoking Cessation	Patients with HF should not smoke. Use of pharmacologic aids to assist with cessation.	Counsel current smokers regarding smoking cessation and advise all patients to avoid second-hand smoke.	*Living with Heart Failure* Smokers Helpline
Recognize signs and symptoms of worsening heart failure		Understanding of when to call family physician and when to call 911 or local emergency number.	*Living with Heart Failure* Heart Failure Zones Poster
Medication Adherence	Patients to take medications as prescribed. Do not stop or alter doses of medications without talking to a health care provider.	Purpose and importance of HF medications. What to do if a dose is missed.	*Living with Heart Failure* Medication sheet handouts - Appendix G
Blood pressure	Recognize symptoms	Notify family physician	*Living with Heart*

(BP) and heart rate (HR) monitoring	of low BP and symptoms of low or high HR.	or call 911 or local emergency number	*Failure*
Regular Physical Activity	Regular physical activity is recommended for all stable HF patients. Patients will balance activity and rest. Use energy conservation strategies. Review activities to avoid. Review fall risk. Prevent edema with correct positioning.	Understanding of the importance of daily activity.	*Living with Heart Failure* Informational video "Keeping the Beat with Physiotherapy: Heart Failure Edition" Heart Failure Clinic - Cardiac Sciences Manitoba (cardiacsciencesmb.ca)
Advanced Care Planning/Goals of Care	Regular discussions around the goals of care.	Patient and family updated and included in care conversations.	

Allied Health Standards

Physiotherapy

Physiotherapy (PT) is automatically consulted when the Heart Failure Clinical Pathway is initiated. Physiotherapy roles include providing education regarding exercise/activity and assessment of mobility if patient requires assistance.

Acute Phase

Conditional Physiotherapy involvement:

- Upon nursing assessment; if the patient is **not** ambulating independently, on room air without symptoms then PT will assess mobility, provide patient specific mobility recommendations and continue to reassess/progress mobility as appropriate throughout the acute phase.
- All documentation regarding mobility assessments should be entered in a progress note.

Maintenance Phase

1. Physiotherapy to educate patient using *Living with Heart Failure* book on the following topics:

    - Importance of activity/exercise in setting of heart failure
    - Balancing rest and activity/exercise
    - Which HF zone is appropriate for activity/exercise?
    - Normal and abnormal responses to activity/exercise
    - When to stop activity/exercise and seek medical attention
    - Benefits of cardiac rehabilitation program

    Once above education components are completed, the appropriate section on the Heart Failure Clinical Pathway should be initialled and dated.

2. Assess patient's activity tolerance and provide home exercise recommendations based on assessment findings. Emphasize the importance of an appropriate exercise intensity using the 10-point Rating of Perceived Exertion (RPE) scale.

    If a Six Minute Walk Test (6MWT) is used to assess the patient's activity tolerance, the test results and corresponding NYHA Functional Classification should be documented.

    All documentation regarding activity tolerance and home exercise recommendations should be entered in a progress note.

Occupational Therapy

Occupational therapy (OT) is automatically consulted when patient placed on clinical pathway.

Occupational therapist role: to provide education in the Maintenance Phase of the clinical pathway. Occupational therapy will cover the following sections in the *Living with Heart Failure* book.

- Patient or caregiver emotional issues.
- Functional activities.
- Energy conservation.
- Sleep.
- Work.
- Driving.
- Sexual activity.

Occupational Therapy Assessment and Treatment

Occupational therapy can be consulted at any time during the patient's admission for any functional concerns. Reasons for the OT referral and intervention may include:

1. Delirium/Confusion Assessment Method (CAM) positive
2. Seating/positioning concerns
3. Skin integrity/breakdown concerns
4. History of falls
5. Cognitive or visual perceptual concerns
6. Difficulty managing ADL's on ward
7. Difficulty mobilizing on ward

Prior to Admission Interview:

1. *Equipment*: Do they have a scale?
2. *Bed Mobility*: Inquire regarding number of pillows required for comfortable breathing in supine position
3. *Hygiene*: Do they weight themselves daily? How do they record their weight?
4. *Dressing*: Do shoes and socks still fit? Do they wear compression socks? What type of socks and shoes do they wear?
5. *Toileting*: Nocturia?
6. *Meals*: If they eat pre-prepared meals, do they read the label? How do they monitor their fluid intake?
7. *Tolerance*: Length of time completing tasks before requiring a rest?
8. *Social*: Caregiver burnout? Ability to schedule care/assist?
9. *Medications*: Forgetting meds? Are they limiting meds due to side effects (i.e.: increased urination)?

Assessment:

1. *Hygiene*: Can they step up on to a scale? Can they stand unsupported long enough to weight themselves? Can they read the measure?
2. *Tolerance*: Length of assessment session and breaks required?
3. *Dressing*: Do they become short of breath with dressing lower extremities?
4. *Hygiene*: Can the tolerate standing long enough to complete hygiene routine?

5. *Cognition*: Can they recite HF management principals? Can they recite response for Green, Yellow and Red level of symptoms?

Treatment/Recommendations:

1. Adapted scales, wider scales (to accommodate a wider base of support), scales location (i.e. in an open area so they can wheel over it using 4 wheeled walker).
2. Energy Conservation: See Living with Heart Failure booklet
3. Assist with ADLs and instrumental ADLs as needed.
4. Equipment.

Clinical Dietitian

The clinical dietitian is automatically consulted when patient placed on the clinical pathway.

Dietary Teaching Standards

The Heart and Stroke Foundation emphasizes that the "overall quality of one's diet, combined with the types, qualities and quantities of foods, have more impact on health than any single nutrient such as saturated fat".

Considering the increased prevalence of malnutrition in hospital (Canadian Malnutrition Task Force) and the current literature regarding the nutritional management of cardiovascular disease (CVD), a standard diet is recommended for patients with CVD in hospital.

Special Considerations for Heart Failure include:

Sodium

Current guidelines for CVD and HF recommend limiting sodium intake to 90-130 mmol/day. Less than and/or equal to 90 mmol sodium /day is not ideal for hospitalized patients as dietary intake is often inadequate; therefore, a liberalized diet is suggested (100-130 mmol sodium /day). Diets can be individualized based on dietitian assessment to adjust the sodium content based on the patient's need (i.e. monitor intake, adjust preferences, adjust sodium restriction).

Fluids

Total fluid intake of less than 2 L/day is recommended in hospitalized patients with acute decompensated HF and hyponatremia (serum sodium less than 130 mmol/L), renal dysfunction and refractory HF, and to assist in achieving a euvolemic state. Unstable HF patients may ingest less fluids/day under physician advisement. The current standard diet provides less than or equal to 2 L fluid/day which is appropriate, unless otherwise indicated.

Pharmacy

The clinical pharmacist is not an automatic consult on the HF care map. Ward pharmacists will strive to provide medication teaching to HF care map patients as time/ resources allow. Nursing will conduct medication teaching if pharmacy is unavailable. A clinical pharmacy consult should

be considered in patients at highest risk for complications/ readmission to hospital. Examples of patients who may receive the most benefit from a pharmacy consult include: patients with low health literacy, cost constraints/insurance constraints, complex medication regimens (multiple non-cardiac medications/herbal products), severe HF, multiple comorbidities, and previous nonadherence to medications. Pharmacists will conduct medication teaching at any time from the day consult is entered to the day of discharge.

Heart Failure Clinical Pathway clinical pharmacist assessment/ teaching should include the following:

1) Medication card outlining dosing and schedule should be supplied if teaching is completed on day of discharge. It is not feasible to supply medication card prior to discharge day since dosing and schedule of medications may change prior to discharge.

2) Assess compliance and potential barriers to compliance of medications.

3) Examine admission medication reconciliation to determine if there are any medications that could interact with HF or new medications being prescribed for HF. Ask patient about over-the-counter/ herbal product use even if not entered on admission medication reconciliation since these may have been missed on admission medication reconciliation. See Appendix H for medications to avoid in HF.

4) HF medication teaching sheets (see Appendix G) and/ or the *Living with Heart Failure* book should be used as teaching resources.

Note: Ensure patient understands importance of not missing any doses of medications.

- Upon discharge it should be ensured that patient will be able to fill prescriptions and that any necessary drug coverage issues have been addressed (i.e. EDS, NIHB to be initiated by community pharmacy but prescribing doctor must supply valid fax number so that subsequent forms can be filled out and faxed back in a timely manner).

- If bubble packs are to be filled, it is necessary to ensure that the community pharmacy can supply them in a timely manner.

- If patient is from a remote community, it is often necessary for patients to fill medications before they leave the city to ensure there is no interruption in medication therapy.

Resources for Nurses/ Allied Health

Learning Management System Module

Heart failure is a complex syndrome and a leading cause of morbidity and mortality for Manitobans. Patients with HF experience high re-admission rates, frequent Emergency Department visits, and psychological stress. The **Caring for Patients with Heart Failure** LMS was developed to support education of staff caring for HF patients.

Who: Nurses and allied health professionals that are involved in the management of patients admitted for a primary diagnosis of HF are recommended to complete this module.

What: In this module staff will be provided with an overview of the pathophysiology, signs and symptoms of HF as well as HF Classifications. In addition, the learner will review the importance of medical management and self-management skills for heart failure patients and their families.

When: As of January 4th, 2021, this course is available for self-directed learning for all staff with an interest in this topic. The course is recommended for staff employed in medicine, cardiac sciences or clinics servicing HF patients.

Why: Improve clinical care, optimize medical management, ensure patients have self-management skills to improve outcomes and decrease re-admission rates**.**

Cardiac Sciences Manitoba Website

The Cardiac Sciences Manitoba website provides a hub of information related to HF for providers, including referrals pathways, patient information (including medication teaching sheets), clinical resources, professional resources, and clinical trials. This information can be found at https://cardiacsciencesmb.ca/health-professionals/clinical-areas-pathways/cardiac-clinics/heart-failure/.

Discharge and Transition Planning

Supporting the patient's transition in care from hospital to the community requires a systemized process. Effective care coordination avoids unnecessary duplication, increases quality of care, and reduces the risk of repeat emergency and hospital admissions.

Discharge Criteria

The patient is considered ready for hospital discharge when the discharge criteria (page 7) have been met.

Follow up Appointments

Once the date of discharge is confirmed, the nurse/ delegate will make a follow-up appointment within two weeks of hospital discharge with the patient's PCP. If unable to make an appointment, note this on the Discharge Summary.

Communication to PCP

The 'clinical assessment at time of discharge' section on the Discharge Summary: Heart Failure Education sheet is completed by an appropriate health care professional with final review for completion by nursing. Once completed:

- A copy is provided to the patient/family,
- A copy is faxed to the patient's primary care provider, and
- The original is placed in the patient's medical record.

Referrals from Hospital or Community

Heart Failure Clinic

Physicians can refer high risk patients to the Heart Failure Clinic located at St. Boniface Hospital based on the following criteria:

- Persistent NYHA 3 to 4 symptoms; or
- NYHA 2 + at least 2 hospital admissions or ER visits in the past year for decompensated HF; or
- NYHA 2 + 1 hospital admission or ER visits for decompensated HF with significant comorbidity (e.g. chronic kidney disease, COPD, arrhythmia); or
- Special request by Internal Medicine or Cardiologist for advanced HF or complex cases.

*****Note:*** Patients who are already under the care of a specialist/cardiologist should not be referred to the Heart Failure Clinic unless by special request.

*****Note:*** For those individuals residing in First Nations and Inuit communities, consider referral to Indigenous Services for assistance in navigating medical travel with non-insured health benefits (NIHB).

More information and the referral form can be found at https://cardiacsciencesmb.ca/health-professionals/clinical-areas-pathways/cardiac-clinics/heart-failure/#patient-information.

Heart Failure Group Education

A Heart Failure Group Education is delivered online through the Cardiac Sciences Website (https://cardiacsciencesmb.ca/health-professionals/clinical-areas-pathways/cardiac-clinics/heart-failure/#patient-information).

Community Referral and Resources

Cardiac Rehabilitation Referral

Cardiac rehabilitation (CR) is a standard of practice that targets modifiable cardiovascular risk factors utilizing evidence-based education, regular monitoring and health behavior change strategies. This medically supervised, 16-week education and exercise program is designed to optimize the patient's recovery and improve their quality of life. Evidence indicates that access to CR has demonstrated improvements in patient outcomes, self-management skills and self-efficacy, decrease mortality and recurrent cardiovascular events, lessened demand on acute care services such as emergency room visits, hospital admissions, and cardiac surgeries in the future.

Heart failure patients should be encouraged to speak to their PCP about attending CR. No patient will ever be turned away from CR for financial reasons. More information about CR can be found on the Cardiac Sciences Manitoba website at Cardiac Rehabilitation - Cardiac Sciences Manitoba (cardiacsciencesmb.ca).

*****Note**:** The referral should be generated by the PCP when the patient is considered medically stable and has not previously attended for HF diagnosis.

Community Resources and Support Groups

See Appendix K: Resources for Managing Heart Failure (HF) for additional supports and ways to access them in the community.

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GRACE HOSPITAL

CARDIAC SCIENCES MANITOBA

SCIENCES CARDIAQUES MANITOBA

Date:

To:

Re:

Date of Admission:

If this is not your patient of record please inform us at: _____

Your patient was admitted with a diagnosis of **Heart Failure**. Guidelines recommend that patients be seen by their primary care provider ***within 2 weeks of hospital discharge***. To help facilitate this visit:

- The hospital staff will contact your office to make an appointment on behalf of the patient at patient discharge.
- You will receive a copy of the discharge information provided to the patient. You will find the most recent clinical assessment parameters and communication from the care team to you regarding specific treatment goals and the ongoing plan of care.

  Note: this information does not replace the hospital discharge summary; it is intended to provide pertinent clinical information to you prior to the patient's first clinic visit.

Sincerely,

_____

(Hospital, unit)

Further information regarding heart failure guidelines are located at:
2017 Comprehensive Update of the Canadian Cardiovascular Society Guidelines for the Management of Heart Failure - Canadian Journal of Cardiology (onlinecjc.ca)

GRACE HOSPITAL

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Standard Orders
Heart Failure

These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy, contraindications and clinical condition must be considered when completing these orders.

■ Standard orders. If not in agreement with an order cross out and initial. ☐ Requires a check (✓) for activation

MEDICATION ORDERS	ORDER TRANSCRIBED	GENERAL ORDERS

Allergies: **See EPR or Clinical Circumstances Sheet**

IV Access

☐ Infuse: _____ at _____
SOLUTION RATE

☐ Saline Lock

ACE Inhibitors (ACE)

☐ enalapril _____ mg PO q12h
(usual start dose 1.25 - 2.5 mg, target dose 10–20 mg)

☐ ramipril _____ mg PO q12h
(usual start dose 1.25 - 2.5 mg, target dose 5 mg)

☐ perindopril _____ mg PO daily
(usual start dose 2 mg, target dose 8 mg)

Angiotensin Receptor Blockers (ARB)

☐ candesartan _____ mg PO daily
(usual start dose 4–8 mg, target dose 32 mg)

☐ valsartan _____ mg PO q12h
(usual start dose 40 mg, target dose 160 mg)

Beta Blockers

☐ metoprolol _____ mg PO q12h
(usual start dose 12.5 mg, target dose 100 mg)

☐ carvedilol _____ mg PO q12h
(usual start dose 3.125 mg, target dose 25 mg
[50 mg if greater than 85 kg])

☐ bisoprolol _____ mg PO daily
(usual start dose 1.25 - 2.5 mg, target dose 10 mg)

Mineralcorticoid Receptor Antagonists (MRA)

☐ spironolactone _____ mg PO daily
(usual start dose 12.5 mg, target dose 50 mg)

☐ Other _____

Angiotensin Receptor Neprilysin Inhibitor (ARNI)

☐ sacubitril/valsartan _____ mg PO q12h
Dosing is dependent on prior dose/prior presence of ACE inhibitor or ARB–*see table on reverse*. More rapid titration may occur in select clinical situations.
Concommitant use of an ACE inhibitor is contraindicated; allow a 36-hour washout period when switching from or to an ACE inhibitor.

Laboratory

☐ Troponin T q8h x 3

☐ Na, K, Cl, CO_2, urea, creatinine once, then daily x 3 days

☐ CBC, INR once

☐ BNP (if not done in Emergency Department)

Diagnostic

☐ Chest x-ray (if not done in Emergency Department) ☐ PA/Lateral ☐ Portable

☐ 12-lead EKG (if not done in Emergency Department)

☐ Continuous cardiac monitoring

Nursing

■ Height on admission

■ Weight on admission and daily

■ Fluid balance - all sources in and out

☐ Vital Signs as per Heart Failure Care Map

☐ Activity as tolerated

☐ Bedrest

Respiratory

☐ Patient Management Protocol–Oxygen Therapy (SBH only)

☐ Oxygen therapy for O_2 saturation equal to or less than 90%

Nutrition Services

☐ Diet - NPO

☐ Diet - Standard

☐ Diet - Controlled Carbohydrate

☐ Diet - Fluid Restriction ☐ 1500 mL ☐ 2000 mL

☐ Other _____

■ **Discharge patient when all clinical outcomes are met.**

Signature and Designation D M Y

Transcriber's Signature D M Y

LEGEND

BNP - Brain Natriuretic Peptide
CBC - complete blood count
Cl - chloride
CO_2 - carbon dioxide
EPR - electronic patient record
h - hours
INR - international normalized ratio
IV - intravenous
K - potassium
mg - milligrams
mL - millilitres
Na - sodium
NPO - nil per os (nothing by mouth)
O_2 - oxygen
PA - posteroanterior
PO - per os (oral)
q - every
QID - 4 times a day
TID - 3 times a day

GRACE HOSPITAL

CARDIAC SCIENCES MANITOBA
SCIENCES CARDIAQUES MANITOBA

Standard Orders
Heart Failure

These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy, contraindications and clinical condition must be considered when completing these orders.

■ Standard orders. If not in agreement with an order cross out and initial. ☐ Requires a check (✓) for activation

MEDICATION ORDERS	ORDER TRANSCRIBED	GENERAL ORDERS

Allergies: **See Clinical Circumstances Sheet**

Diuretics

- ☐ furosemide _____ mg IV daily (usual start dose 20 mg)
- ☐ furosemide _____ mg PO daily (usual start dose 40 mg)
- ☐ furosemide _____ mg _____
- ☐ metOLazone _____ mg PO daily (usual start dose 2.5 mg) for _____ days and then reassess (suggested to reassess in 2 days)
- ☐ metOLazone _____ mg PO _____ for _____ days and then reassess (suggested to reassess in 2 days)
- ☐ ethacrynic acid _____ mg IV daily (usual start dose 25–50 mg) alternative to furosemide in patients with severe sulfa allergy
- ☐ ethacrynic acid _____ mg PO daily (usual dose 25–50 mg) alternative to furosemide in patients with severe sulfa allergy
- ☐ ethacrynic acid _____ mg _____

Other Cardiac Medications

- ☐ hydrALAZINE _____ mg IV q6h (usual start dose 5 mg)
- ☐ hydrALAZINE _____ mg IV q8h (usual start dose 5 mg) suggested regimen in renal dysfunction
- ☐ hydrALAZINE _____ mg PO QID (usual start dose 10–37.5 mg, target dose 300 mg total per day)
- ☐ hydrALAZINE _____ mg PO TID (usual start dose 10–37.5 mg, target dose 300 mg total per day) suggested regimen in renal dysfunction
- ☐ isorbide dinitrate _____ mg PO TID with meals (usual start dose 10–20 mg, target dose 120 mg total per day)
- ☐ nitroglycerin patch _____ mg/h for 12 hours daily, then 12 hours off (usual start dose 0.4 mg/h)
- ☐ digoxin _____ mg IV daily (usual dose 0.0625 mg) use caution in the elderly and renal dysfunction
- ☐ digoxin _____ mg PO daily (usual dose 0.0625 mg–0.125 mg) use caution in the elderly and renal dysfunction
- ☐ ivabradine _____ mg PO 0830 hours (breakfast) and 1730 hours (supper) (usual dose 5 mg; resting heart rate must be greater than 77 beats per minute. Added to optimal medical therapy)

Consults

- ■ Clinical Dietitian
- ■ Physiotherapy
- ■ Occupational Therapy
- ☐ Respiratory Therapy
- ☐ Social Work
- ☐ Spiritual Care
- ☐ Pharmacy–complex medication needs or approvals (blister packs, Exceptional Drug Status, First Nations and Inuit Health Branch)
- ☐ Home Care
- ☐ Indigenous Services
- ☐ Cardiology

■ **Discharge patient when all clinical outcomes are met.**

Signature and Designation D M Y

Transcriber's Signature D M Y

LEGEND

BNP - Brain Natriuretic Peptide
CBC - complete blood count
Cl - chloride
CO_2 - carbon dioxide
EPR - electronic patient record
h - hours
INR - international normalized ratio
IV - intravenous
K - potassium
mg - milligrams
mL - millilitres
Na - sodium
NPO - nil per os (nothing by mouth)
O_2 - oxygen
PA - posteroanterior
PO - per os (oral)
q - every
QID - 4 times a day
TID - 3 times a day

ACEi	ARB	Initial Dose sacubitril/valsartan	Titration
High Dose RAAS Inhibitor enalapril greater than or equal to 10 mg/d lisinopril greater than or equal to 10 mg/d perindopril greater than or equal to 4 mg/d ramipril greater than or equal to 5 mg/d	candesartan greater than or equal to 16 mg/d valsartan greater than or equal to 160 mg/d irbesartan greater than or equal to 150 mg/d losartan greater than or equal to 50 mg/d telmisartan greater than or equal to 40 mg/d olmesartan greater than or equal to 10 mg/d	49 mg sacubitril/51 mg valsartan (100 mg) orally twice daily	Over 3-6 weeks, increase to target 97 mg sacubitril/103 mg valsartan (200 mg) orally twice daily
Low Dose RAAS Inhibitor		24 mg sacubitril/26 mg valsartan, 49 mg sacubitril/51 mg valsartan (50-100 mg) orally twice daily	Over 6 weeks, increase to target 97 mg sacubitril/103 mg valsartan (200 mg) orally twice daily
Higher Risk Of Hypotension (i.e. low baseline BP, poor renal function) **RAAS Naive**		24 mg sacubitril/26 mg valsartan (50 mg) orally twice daily	Over 6 weeks, increase to target 97 mg sacubitril/103 mg valsartan (200 mg) orally twice daily

ACEi - angiotensin converting enzyme inhibitor ARB - antiotensin receptor blockade RAAS - renin angiotensin-aldosterone system

Health Canada labelling: 24 mg sacubitril/26 mg valsartan (50 mg), 49 mg sacubitril/51 mg valsartan (100 mg), and 97 mg sacubitril/103 mg valsartan (200 mg)

GRACE HOSPITAL

CARDIAC SCIENCES MANITOBA
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Heart Failure Clinical Pathway

Date of Admission: D D M M M Y Y Y Y

Acute Phase *(begins from admission)*

ASSESSMENT PARAMETERS

- Assessment q4h from admission
  - head to toe at start of shift, focal assessment thereafter; include Nicotine Withdrawal Assessment (see below)
- Assess for cardiac ischemia/shortness of breath/altered mental status
- Vital signs (blood pressure, heart rate, respiratory rate, O_2 saturation) q4h and PRN x 24 hours, then q8h
- Maintain O_2 saturation greater than or equal to 90%
- Temperature BID
- Daily weight
- Strict intake and output via 24-hour Fluid Balance Sheet
- Cardiac monitoring as ordered
  - if monitored, mount and analyze rhythm strip on admission, q shift and PRN with arrhythmias and/or chest pain
- Is the patient mobilizing independently on room air (or home oxygen settings) without symptoms? ..... ☐ Yes ☐ No
  If yes: - Patient to sit in chair for meals; ambulate in hallway 3–5 times per day
  - Physiotherapy assessment deferred until Maintenance Phase
  If no: - Physiotherapy to assess mobility and provide patient specific recommendations (see Progress Note(s) for details)
- Establish smoking status
  - Ask the following questions:
    1. Have you used any form of tobacco in the last 7 days? ..... ☐ Yes ☐ No
    2. Have you used any form of tobacco in the last 6 months? ..... ☐ Yes ☐ No
  - If yes to either of the above questions, complete Nicotine Withdrawal Assessment
- Nicotine Withdrawal Assessment:
  - Ask the following questions:
    1. How soon after waking do you have your first cigarette?
       a) More than 1 hour =..... ☐ low nicotine dependence
       b) 6 - 59 minutes = ... ☐ moderate nicotine dependence
       c) Less than 6 minutes = ... ☐ high nicotine dependence
    2. How many cigarettes, on average, do you smoke each day?
       a) 15 or less =..... ☐ low nicotine dependence
       b) 16 - 30 =..... ☐ moderate nicotine dependence
       c) 31 or more =..... ☐ high nicotine dependence
  - Review and document any current smoking cessation aids
  - Discuss management of nicotine withdrawal on an individual basis and discuss options with physician
  - Signs and symptoms of withdrawal: desire or craving to smoke, anger, irritability, frustration, anxiety/restlessness, insomnia, waking at night, difficulty concentrating, depressed mood, other (headache, cough, sore throat)
- Smoking status and Nicotine Withdrawal Assessment completed Date: D D M M M Y Y Y Y Initials: _____

Interventions/Outcomes *(date and initial when interventions/outcomes met)*	Date DD/MMM/YYYY	Initials
INTERVENTIONS		
Nursing		
• Admission letter faxed to Primary Care Provider (PCP) or Nursing Station If no PCP contact: Family Doctor finder (outlined in Standards Document)	.....	.....
• Give Patient/Family Care Guide – review acute phase	.....	.....
• Give Heart and Stroke Foundation Living with Heart Failure book	.....	.....
• Coach the "Understanding Heart Failure" section in Living with Heart Failure book	.....	.....
• Review with patient/family: diagnosis, estimated length of stay, procedures, initial explanation of medications, next 24 hours of care, importance of reporting increased shortness of breath	.....	.....
• Ensure patient is mobilizing (within tolerance)	.....	.....
OUTCOMES		
Nursing		
• Vital signs stable including SpO_2 greater than or equal to 90%	.....	.....
• Tolerates oral intake	.....	.....
• Encourage progression of self care for hygiene (assist prn)	.....	.....
• Tolerates mobility	.....	.....
• Patient demonstrates understanding of importance of reporting symptoms of shortness of breath and understanding of what heart failure is	.....	.....
Plan reviewed (interventions completed, outcomes met) **Patient ready to move to Maintenance Phase** ..... ☐ Yes ☐ No	.....	.....

LEGEND BID - twice a day h - hours O_2 - oxygen PRN - pro re nata (prescribed as needed) q - every

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Heart Failure Clinical Pathway

Maintenance Phase *(begins when patient started on oral diuretics)*

ASSESSMENT PARAMETERS

Nursing

- Head to toe assessment at start of shift then focal assessment thereafter, including Nicotine Withdrawal if applicable [signs and symptoms of withdrawal: desire or craving to smoke, anger, irritability, frustration, anxiety/restlessness, insomnia, waking at night, difficulty concentrating, depressed mood, other (headache, cough, sore throat)].
- Daily weight
- Strict intake and output via 24-hour Fluid Balance Sheet
- Continuous assessment for cardiac ischemia/shortness of breath/altered mental status
- Vital signs (blood pressure, heart rate, respiratory rate, O_2 saturation) per ward routine or authorized prescriber's orders and PRN
- Maintain O_2 saturation greater than or equal to 90%
- Temperature BID
- Cardiac monitoring as ordered, consider discontinuing as indicated
  - if monitored, mount and analyze rhythm strip on admission, q shift and PRN with arrhythmias and/or chest pain
- Review need for intravenous (IV) lock
- Assess home situation for discharge concerns and consult Home Care and Social Work as necessary
- Assess for complex medication needs or approvals (blister packs, exception drug status, First Nations and Inuit Health Branch)

Interventions/Outcomes *(date and initial when interventions/outcomes met)*

	Date DD/MMM/YYYY	Initials
INTERVENTIONS		
Nursing		
• Review Patient/Family Care Guide – Maintenance Phase		
• Reinforce "Understanding Heart Failure" section and answer any remaining questions		
• Ensure patient is mobilizing (within tolerance); up in chair for meals and ambulates in hallway 3-5 times per day		
• Coach patient using "Managing Heart Failure" section in Living with Heart Failure book		
• "Heart Failure Zones" to review what to do with symptoms/weight changes		
• Self-monitoring sheet		
• Daily weight information		
• The patient is a current smoker ☐ Yes ☐ No		
- If smoker consider the following:		
- Discuss smoking as a risk factor for heart disease		
- Offer Smokers' Helpline fax referral		
- Give Smokers' Helpline telephone card		
- Offer booklet for smokers who ☐ want ☐ don't want to quit (check one)		
• Patient declined teaching resources ☐ Yes ☐ No		
• Confirm Pharmacy is consulted for complex medication needs		
Clinical Dietitian (if unavailable Nursing to review information from Managing Heart Failure Section of Living with Heart Failure Book)		
• Importance of a low sodium diet		
- Less than 2000 mg per day		
- Review foods high in sodium and low sodium alternative		
- How to read a nutrition facts label		
• Importance of fluid restriction		
- 1500 – 2000 mL (6 – 8 cups) per day		
- Review what is considered a fluid		
- Explain process for completing 24 hour Fluid Balance Sheet		
- Review alcohol recommendation (if applicable)		
• Patient invited to Heart Failure Education class (if appropriate)		
Physiotherapy		
• Educate on activity and exercise		
• Review benefits of Cardiac Rehabilitation		
Occupational Therapy		
• Educate on patient emotional wellbeing		
• Educate on caregiver emotional wellbeing		
• Review functional activities (Energy Conservation, Sleep, Work, Driving, Sexual Activity)		
• Patient requires further Occupational Therapy Intervention? ☐ Yes ☐ No		
- If yes, please see Progress Note(s) for further details		

LEGEND BID - twice a day h - hours O_2 - oxygen PRN - pro re nata (prescribed as needed) q - every

SAP # 355107 11/21

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Heart Failure Clinical Pathway

Maintenance Phase Interventions/Outcomes *(continued)*	Date DD/MMM/YYYY	Initials
OUTCOMES		
Nursing		
• Vital signs stable including O_2 saturation greater than or equal to 90%		
• Tolerates mobility		
• Patient agrees to the Smokers' Helpline referral ☐ Yes ☐ No ☐ Not Applicable		
- If yes, patient or nurse to sign and then fax referral		
• Tolerates oral intake		
• Patient demonstrates understanding of fluid restriction, salt restriction and daily weights		
Physiotherapy		
• Patient appears to understand:		
- Importance of exercise/activity		
- How to safely progress their activity at home		
- Benefits of Cardiac Rehabilitation		
Occupational Therapy		
• Patient appears to understand how to resume normal activities		
• Patient received information on emotional wellbeing		
Plan reviewed (interventions completed, outcomes met)		
Patient ready to move to Transition Phase ☐ Yes ☐ No		

Transition Phase *(begins when patient is tolerating oral diuretic and Maintenance phase is complete)*

ASSESSMENT PARAMETERS

- Head to toe assessment at start of shift then focal assessment thereafter, including Nicotine Withdrawal if applicable [signs and symptoms of withdrawal: desire or craving to smoke, anger, irritability, frustration, anxiety/restlessness, insomnia, waking at night, difficulty concentrating, depressed mood, other (headache, cough, sore throat)].
- Vital signs (blood pressure, heart rate, respiratory rate, O_2 saturation) and temperature as per ward routine or authorized prescriber's order and PRN
- Patient able to weigh self
- Patient able to monitor 24 hour fluid balance
- Maintain O_2 saturation greater than or equal to 90%

Interventions/Outcomes *(date and initial when interventions/outcomes met)*	Date DD/MMM/YYYY	Initials
INTERVENTIONS		
Nursing		
• Review Patient/Family Care Guide – Transition Phase		
• Ensure patient mobilizes (within tolerance) up to chair for meals and ambulates in hallway 3–5 times per day		
• Review Discharge Summary: Heart Failure Education tool and sign		
• Book follow up appointment with care provider 1–2 weeks after discharge		
Nursing/Pharmacy		
• Review Medication section of Discharge Summary: Heart Failure Education		
OUTCOMES		
Plan reviewed (interventions completed, outcomes met)		
Use Discharge Summary: Heart Failure Education to ensure patient is prepared for transition to home		

LEGEND BID - twice a day h - hours O_2 - oxygen PRN - pro re nata (prescribed as needed) q - every

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CARDIAC SCIENCES MANITOBA
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Approved initiative of the Winnipeg Regional Health Authority

Patient/Family Care Guide
Heart Failure

	Acute Phase Date:	Maintenance Phase Date:	Discharge/Transition Phase Date:
TESTS	You will have: • blood work. You may have: • heart tracing. • a chest x-ray.	You will have: • blood work.	You may have: • blood work. • further tests after discharge.
ASSESSMENTS	• Blood pressure, pulse, breathing checked. • Lungs listened to. • You may be attached to a heart monitor. • You will be weighed. • Assessed for nicotine withdrawal.	• Blood pressure, pulse, breathing checked. • Lungs listened to. • If on heart monitor, monitoring may be stopped. • You will be weighed. • Assessed for nicotine withdrawal.	• Blood pressure, pulse, breathing checked. • Lungs listened to. • Able to weigh self. • Assessed for nicotine withdrawal.
TREAT-MENTS	• Supplemental oxygen may be stopped. • Medication may be adjusted.	• Intravenous may be removed. • Medication may be adjusted.	
DIET	• Information about salt and fluid restrictions. • Low salt, less fluids.	• Low salt, less fluids.	• Low salt, less fluids.
SAFETY/ACTIVITY	• Activity as you tolerate (sit in chair, self-care at bedside, walk to bathroom/hallway) • Physiotherapist may talk to you about your activity	• Daily activity: sit in chair for meals, walk in hallway 3 - 5 times • Physiotherapist will discuss balancing activity and rest and will review how to safely progress your activity at home. • Physiotherapist may ask you to climb stairs	• Your health care team will talk to you about what to do if your symptoms get worse
PREPARING TO GO HOME	Nurse will give you the "Living with Heart Failure" book **Health care provider will talk to you about:** • the reason why you were admitted to hospital. • the care for the next day and how long you may stay in the hospital. • why you need to report any chest discomfort and or increasing shortness of breath. • the need to stop smoking (if you are). • concerns you and your family may have. • if you have family to help when you are at home. **Other health care professionals may be involved in your care:** • Social Worker • Spiritual Care • Home Care • Occupational Therapist • Dietitian • Pharmacist	**Health care provider will talk to you about:** • heart failure. • what your signs and symptoms mean. • how to monitor yourself for changes. • what changes to report, when, and to whom. • how to monitor fluid and how much urine you make. • low sodium/salt diet. • fluid restriction. • for smokers, the need to stop smoking and if you agree, faxing a Smokers' Helpline referral. • activities - exercise - driving - stress management - sexual activity.	**Your health care team will review the following:** • diet. • medications. • importance of weighing yourself daily. • quitting smoking if you are smoking. • the role of a Cardiac Rehabilitation Program in helping you with maintaining a heart-healthy lifestyle. • returning to work. • follow-up appointment(s).

If you have questions or concerns about your or your family member's care plan, please speak to a health care provider.

SAP 355106 11/21

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CARDIAC SCIENCES MANITOBA
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Initiative approuvée de l'Office régional de la santé de Winnipeg

Guide de soins pour le patient/la famille
Insuffisance cardiaque

	Phase active Date:	Phase d'entretien Date:	Congé/Phase de transition Date:
TESTS	Vous passerez : • des analyses sanguines. Vous pourriez passer : • un tracé cardiaque. • une radiographie pulmonaire.	Vous passerez : • des analyses sanguines.	Vous pourriez passer : • des analyses sanguines. • des tests additionnels après votre congé.
ÉVALUATIONS	• Vérification de la tension artérielle, du pouls, de la respiration. • Auscultation des poumons. • Vous pourriez être branché à un moniteur cardiaque. • Vous serez pesé. • Évaluation du sevrage de la nicotine.	• Vérification de la tension artérielle, du pouls, de la respiration. • Auscultation des poumons. • Arrêt possible du moniteur cardiaque, le cas échéant. • Vous serez pesé. • Évaluation du sevrage de la nicotine.	• Vérification de la tension artérielle, du pouls, de la respiration. • Auscultation des poumons. • Autosurveillance de votre poids. • Évaluation du sevrage de la nicotine.
TRAITEMENTS	• Arrêt possible de l'oxygénothérapie. • Ajustement possible de la médication.	• Retrait possible de l'intraveineuse. • Ajustement possible de la médication.	
DIÈTE	• Information sur la restriction du sel et des liquides. • Peu de sel, moins de liquides.	• Peu de sel, moins de liquides.	• Peu de sel, moins de liquides.
SÉCURITÉ/ACTIVITÉ	• Activité selon votre tolérance (assis sur une chaise, autosoins au chevet du lit, marcher jusqu'aux toilettes/ dans le couloir) • Le physiothérapeute pourrait vous parler de votre niveau d'activité	• Activité quotidienne : s'asseoir sur une chaise pour les repas, marcher dans le couloir 3-5 fois • Le physiothérapeute vous dira comment trouver un équilibre entre activité et repos et passera en revue comment augmenter sécuritairement votre activité à la maison. • Le physiothérapeute peut vous demander de monter des escaliers	• Votre équipe de soins de santé vous dira quoi faire si vos symptômes s'aggravent.
PRÉPARATION AU RETOUR À LA MAISON	L'infirmière vous remettra le livret « Vivre avec l'insuffisance cardiaque » **Le fournisseur de soins de santé abordera :** • La raison de votre hospitalisation. • Les soins que vous recevrez le lendemain et la durée possible de votre hospitalisation. • Pourquoi vous devez signaler tout malaise à la poitrine ou essoufflement accru. • La nécessité de cesser de fumer (si vous fumez). • Les préoccupations que vous et votre famille pouvez avoir. • La possibilité d'avoir de la famille pour vous aider au retour à la maison. **D'autres professionnels de la santé pourraient participer à vos soins :** • Travailleur social • Soins spirituels • Soins à domicile • Ergothérapeute • Diététiste • Pharmacien	**Le fournisseur de soins de santé abordera :** • L'insuffisance cardiaque. • Ce que signifient vos signes et symptômes. • Comment vous surveiller pour déceler l'apparition de changements. • Quels changements signaler, quand et à qui. • Comment surveiller votre consommation de liquides et combien d'urine vous produisez. • Une alimentation faible en sodium/ sel. • La restriction des liquides. • Si vous êtes fumeur, la nécessité de cesser de fumer et si vous acceptez, il enverra par télécopieur un aiguillage vers le service Téléassistance pour fumeurs. • Les activités - exercice - conduite automobile - gestion du stress - activité sexuelle.	**Votre équipe de soins de santé passera en revue les points suivants :** • L'alimentation. • Les médicaments. • L'importance de vous peser quotidiennement. • L'abandon du tabac si vous fumez. • Le rôle d'un programme de réadaptation cardiaque pour vous aider à maintenir un mode de vie sain pour le cœur. • Le retour au travail. • Le(s) rendez-vous de suivi.

Si vous avez des questions ou des préoccupations concernant votre plan de soins ou celui d'un membre de votre famille, veuillez parler à un fournisseur de soins de santé.

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CARDIAC SCIENCES MANITOBA
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Discharge Summary: Heart Failure Education

Distribution

1. **Copy to patient**
2. **Fax copy to primary care provider**
3. **Original to be kept in the patient's health record**

The following will help your primary care provider make decisions about your care at your first visit after leaving the hospital

New York Heart Association (NYHA) Classification of Heart Failure

Class I	Class II	Class III	Class IV
• No limitation of physical activity • No symptoms from ordinary physical activity	• Slight limitation of physical activity • **Comfortable at rest** • Mild symptoms from ordinary physical activity	• Marked limitation of physical activity • **Comfortable at rest** • Symptoms from less than ordinary physical activity	• No physical activity possible without discomfort • **Symptoms present at rest**
The *American College of Cardiology (ACC)/American Heart Association (AHA) classification* complements the NYHA classification by providing an objective measure of patients' heart failure throughout the course of their disease			

CLINICAL ASSESSMENT AT TIME OF DISCHARGE

Weight	Admission Weight _____ kg Discharge Weight _____ kg
Resting Heart Rate	_____ bpm Rhythm: ☐ Sinus ☐ Atrial Fibrillation ☐ Not Known ☐ Other: _____
Blood Pressure	_____ mmHg
NYHA Class	☐ Class I ☐ Class II ☐ Class III ☐ Class IV
LV Assessment Date D D M M M Y Y Y Y	LV Ejection Fraction _____ Method of Assessment _____
Latest Labs Date D D M M M Y Y Y Y	Potassium _____ Sodium _____ Urea _____ Creatinine _____ eGFR _____ (if available)

Inpatient Heart Failure Team Communication:
Plan of Care and Next Steps

Consider referral to cardiac rehabilitation if patient medically stable and has not previously attended for Heart Failure diagnosis

IT IS IMPORTANT THAT HEART FAILURE MEDICATIONS ARE OPTIMIZED. FOR DETAILED INFORMATION GO TO:
2017 Comprehensive Update of the Canadian Cardiovascular Society Guidelines for the Management of Heart Failure – Canadian Journal of Cardiology (onlinecjc.ca)

LEGEND
ACEi - Angiotensin Converting Enzyme Inhibitor
ARB - Angiotensin Receptor Blocker
bpm - beats per minute
eGFR - estimated Glomerular Filtration Rate
kg - kilogram
lbs - pounds
LV - Left Ventricle
mg - milligrams
mmHg - millimetres mercury
MRA - Mineralocorticoid Receptor Antagonist
NYHA - New York Heart Association

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CARDIAC SCIENCES MANITOBA
SCIENCES CARDIAQUES MANITOBA

Discharge Summary: Heart Failure Education

The patient is aware of heart failure diagnosis . . . . . ☐ Yes ☐ No

Topic	Patient Teaching Reference	Date DD/MMM/YYYY	Initials
Medications	• Medication information has been reviewed including: purpose, side effects, administration times and how to deal with missed medication doses. • Any prescriptions provided for ACEi, ARB, Beta Blocker, MRA, Diuretic, other cardiac meds – reviewed in detail with patient/family. • Previous medications, including over-the-counter medications and/or herbals, need to be discussed with a pharmacist in hospital or in the community before starting to take them again.	. . . .	. . . .
Diet	• Reviewed the recommended low salt (sodium) diet of no more than 2000 mg per day. • Reviewed the recommended need to measure and keep daily fluid intake to 1.5 to 2 liters per day. **Dial-a-Dietitian is available at 204-788-8248 (in Winnipeg) or 1-877-830-2892 (outside of Winnipeg) for free nutrition information or to speak to a Registered Dietitian about food and nutrition.*	. . . .	. . . .
Daily Weights	• Instructions on the importance of measuring daily weight and how to measure accurately. • Discharge weight: _____ kg _____ lbs *Weight tomorrow morning: _____ **The above weights are used as a guide to transition to home scale readings.*	. . . .	. . . .
Quitting Smoking	☐ Not applicable If applicable: • Reviewed that smoking is a major risk factor in the development of heart disease and can cause other life shortening illnesses. **Smoker's helpline can be reached at 1-877-513-5333 or visit www.smokershelpline.ca*	. . . . .	. . . .
Resuming Normal Activities	• Reviewed – how to safely progress activity at home; – information on stress management; – when it is safe to return to work.		

LEGEND
ACEi - Angiotensin Converting Enzyme Inhibitor
ARB - Angiotensin Receptor Blocker
bpm - beats per minute
eGFR - estimated Glomerular Filtration Rate
kg - kilogram
lbs - pounds
LV - Left Ventricle
mg - milligrams
mmHg - millimetres mercury
MRA - Mineralocorticoid Receptor Antagonist
NYHA - New York Heart Association

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Discharge Summary: Heart Failure Education

Topic	Patient Teaching Reference	Date DD/MMM/YYYY	Initials
Knowing what to do if symptoms get worse	• Information on the Heart Failure Zones and where to find the information in the Living with Heart Failure book has been reviewed. • Discussed when to call the primary care provider, 911 or your local emergency number.	. . . .	. . . .
Follow up	• An appointment with _____ has been made on _____ time _____. • Information on the Heart Failure Group Teaching video has been provided and it can be found on the Cardiac Sciences Manitoba website: *https://cardiacsciencesmb.ca/patients-visitors/clinical-areas-pathways/cardiac-clinics/heart-failure/* **The cardiac rehab program may be discussed further with the primary care provider.*	. . . .	. . . .

Patient-specific Instructions

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Nurse

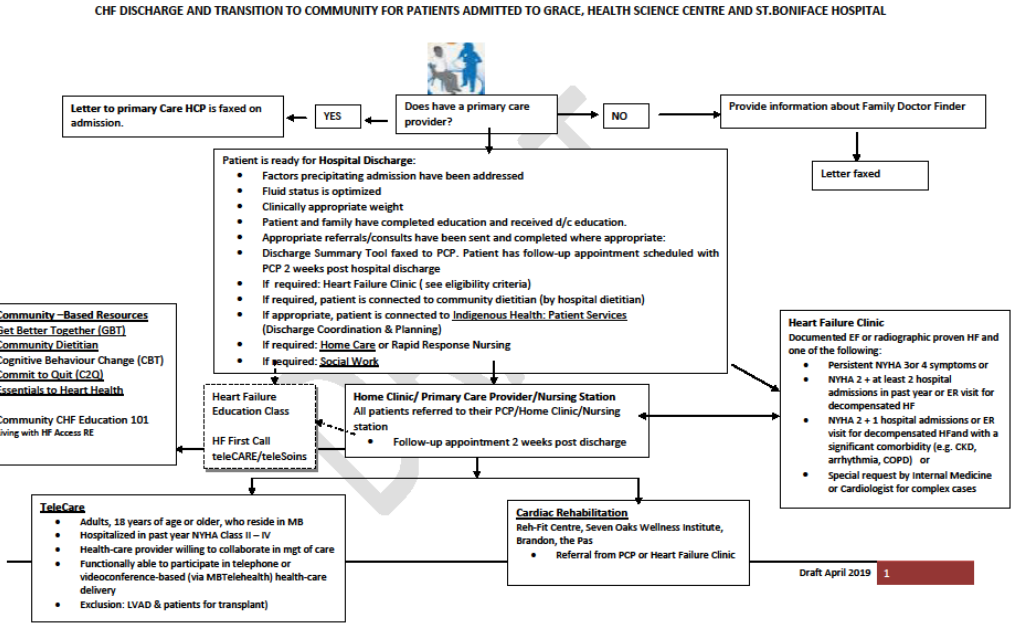
_____ SIGNATURE

_____ PRINTED NAME

Date D D M M M Y Y Y Y

Adapted from materials of the University of Ottawa Heart Institute and the American College of Cardiology.

Appendix F: Discharge and Transition to Community (Flow Map)



Angiotensin Receptor Blockers

CANDESARTAN	**EPROSARTAN**	**IRBESARTAN**
LOSARTAN	**TELMISARTAN**	**VALSARTAN**

Angiotensin receptor blockers make it easier for a weakened heart to pump. Used over a long period of time, this protects the heart. These medications have added benefits for people who have diabetes, have had a heart attack or have high blood pressure.

1. Take this medication as directed. Try and take it at the same time(s), best suited to you, each day. If you miss a dose, take it as soon as you remember unless it is almost time for your next dose. DO NOT take extra medication to make up for the missed dose. Continue to take this medication even if you feel well. DO NOT stop taking this medication without your healthcare provider's advice.
2. This medication can be taken with or without food.
3. This medication will lower your blood pressure. If you feel dizzy or light-headed and feel like you might pass out, sit or lie down right away. To lower your risk of feeling dizzy or falling:
   - Walk slowly up and down stairs
   - Change your body position slowly, especially when standing up
   - Dangle your feet over the edge of the bed before getting out of bed

   Tell your healthcare provider *if dizziness is a problem for you and have your blood pressure checked. Avoid driving until you know how this medication affects you.*
4. This medication may increase the amount of potassium in your body. Avoid salt substitutes or potassium supplements unless prescribed by your healthcare provider. Signs of too much potassium are:
   - Confusion
   - Irregular heart rate (pulse)
   - Nervousness
   - Numbness or tingling of hands or feet
   - Weak/heavy legs
5. Side effects that should be immediately reported to your healthcare provider:
   - Swelling, especially of the of face, mouth, or neck
   - Reduced amount of urine passed
6. Do not take this medication if you are pregnant or plan on becoming pregnant.
7. Many medications, including over-the-counter and herbal medications, may interact with angiotensin receptor blockers. Check with your pharmacist or other healthcare provider before starting or stopping any medication.

NOTE: This information is not intended to cover all possible uses, precautions, interactions, or adverse effects for these medications. Talk to your hospital or community pharmacist for more information or if you have any questions.

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FORM # W-00761 09/19

Antagonistes des Récepteurs de L'angiotensine

CANDÉSARTAN
LOSARTAN
ÉPROSARTAN
TELMISARTAN
IRBÉSARTAN
VALSARTAN

Les antagonistes des récepteurs de l'angiotensine facilitent l'action de pompage d'un cœur affaibli. Leur emploi à long terme protège le cœur. Ces médicaments confèrent des bienfaits additionnels pour les personnes diabétiques, celles qui ont subi une crise cardiaque ou qui font de l'hypertension.

1. Prenez votre antagoniste des récepteurs de l'angiotensine comme prescrit. Vous devez essayer de prendre le médicament à peu près à la même heure, qui vous convient le mieux, tous les jours. Si vous oubliez une dose, prenez-la dès que vous y pensez, sauf si c'est presque le moment de la dose suivante. N'essayez PAS de compenser une dose oubliée en prenant une double dose. Continuez de prendre vos médicaments, et ce, même si vous vous sentez bien. N'arrêtez PAS de prendre ces médicaments sans consulter d'abord votre prestataire de soins.
2. Ces médicaments peuvent se prendre avec ou sans nourriture.
3. Ces médicaments diminuent la tension artérielle. Si vous vous sentez étourdi ou avez des vertiges et que vous sentez que vous allez perdre conscience, assoyez-vous ou allongez-vous immédiatement. Pour réduire votre risque de vous sentir étourdi ou de tomber :
   - Montez et descendez lentement les escaliers
   - Changez de position lentement, particulièrement lorsque vous vous levez
   - Restez assis sur le bord du lit avant de vous lever

   Informez votre prestataire de soins *si vous souffrez d'étourdissements pour qu'il vérifie votre tension artérielle. Évitez de conduire avant de connaître les effets de ce médicament sur vous.*
4. Ce médicament peut augmenter le taux de potassium dans votre corps. Évitez les succédanés de sel et les suppléments de potassium à moins qu'ils soient prescrits par votre prestataire de soins. Signes pouvant indiquer un taux trop élevé de potassium :
   - Confusion
   - Battements de cœur irréguliers (pouls)
   - Nervosité
   - Engourdissements ou picotements dans les mains ou les pieds
   - Jambes faibles/lourdes
5. Effets secondaires qui devraient être immédiatement signalés à votre prestataire de soins :
   - Enflure, particulièrement du visage, de la bouche ou du cou
   - Diminution de l'urine éliminée
6. Ne prenez pas ce médicament si vous êtes enceinte ou planifiez une grossesse.
7. De nombreux médicaments, y compris les médicaments en vente libre et les remèdes à base de plantes médicinales, peuvent interagir avec les antagonistes des récepteurs de l'angiotensine. Consultez votre pharmacien ou autre prestataire de soins avant de prendre ou d'arrêter tout médicament.

REMARQUE : Cette information ne vise pas à couvrir tous les usages, toutes les précautions, interactions et réactions indésirables possibles de ces médicaments. Pour toute information additionnelle ou toute question, consultez le pharmacien de l'hôpital ou communautaire.

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FORMULAIRE Nº W-00761 09/19

Aldosterone Blockers

SPIRONOLACTONE (Aldactone®)	EPLERENONE (Inspra®)

Aldosterone is a hormone that tells your kidneys to retain salt and water. Aldosterone blockers work against aldosterone to allow your kidneys to remove extra salt and water from your body. This makes it easier for your heart to do its job if your heart muscle is weak, and helps keep your heart muscle healthy. These medications can also lower your blood pressure.

1. This medication is usually taken ONCE daily. If you miss a dose, take it as soon as you remember unless it is almost time for the next dose. DO NOT take extra medication to make up for the missed dose. DO NOT stop taking this medication without your healthcare provider's advice.
2. This medication can be taken with or without food. Take with food if you experience upset stomach.
3. This medication will increase the amount of potassium in your body. If you are also taking an "ACE-inhibitor" or "angiotensin receptor blocker" type medication, you have a higher risk of having too much potassium in your body. Avoid salt substitutes or potassium supplements unless they are prescribed by your healthcare provider. Signs of too much potassium are:
   - Confusion
   - Irregular heart beat
   - Nervousness
   - Numbness or tingling of hands or feet
   - Weak/heavy legs

   Other side effects (if bothersome, contact your healthcare provider):
   - Upset stomach
   - For men: increased breast size, breast tenderness
   - For women: breast tenderness, getting your period less often, less regularly, or on a different schedule than normal
4. If you develop kidney disease, you may not be able to take this medication. Talk to your healthcare provider if this is a concern for you.
5. Some medications, including over-the-counter and herbal medications, may interact with aldosterone blockers. Check with your pharmacist or other healthcare provider before starting any new medication.

NOTE: This information is not intended to cover all possible uses, precautions, interactions, or adverse effects for these medications. Talk to your hospital or community pharmacist for more information or if you have any questions.

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FORM # W-00762 09/19

Antagonistes De L'aldostérone

SPIRONOLACTONE (Aldactone®)	ÉPLÉRÉNONE (Inspra®)

L'aldostérone est une hormone qui dit à vos reins de retenir le sel et l'eau. Les antagonistes de l'aldostérone agissent contre l'aldostérone pour permettre aux reins d'éliminer l'excédent de sel et d'eau, ce qui aide votre cœur à faire son travail si votre muscle cardiaque est faible et aide à garder celui ci en santé. Ces médicaments peuvent également abaisser votre tension artérielle.

1. Ces médicaments sont habituellement pris UNE FOIS par jour. Si vous oubliez une dose, prenez-la dès que vous y pensez, sauf si c'est presque le moment de la dose suivante. N'essayez PAS de compenser une dose oubliée en prenant une double dose. N'arrêtez PAS de prendre ces médicaments sans consulter d'abord votre prestataire de soins.

2. Ces médicaments peuvent se prendre avec ou sans nourriture. Prenez-les avec de la nourriture si vous éprouvez des maux d'estomac.

3. Ces médicaments augmenteront le taux de potassium dans votre corps. Si vous prenez également un « inhibiteur de l'ECA » ou un « antagoniste des récepteurs de l'angiotensine », vous présentez un risque plus élevé d'avoir trop de potassium dans votre corps. Évitez les succédanés de sel et les suppléments de potassium à moins qu'ils soient prescrits par votre prestataire de soins. Signes pouvant indiquer un taux trop élevé de potassium :
   - Confusion
   - Battements de cœur irréguliers
   - Nervosité
   - Engourdissements ou picotements dans les mains ou les pieds
   - Jambes faibles/lourdes

   Autres effets secondaires (s'ils vous incommodent, consultez votre médecin) :
   - Maux d'estomac
   - Chez les hommes : augmentation du volume des seins, sensibilité aux seins
   - Chez les femmes : sensibilité aux seins, menstruations moins fréquentes ou moins régulières ou à une périodicité différente qu'à la normale

4. Si vous développez une maladie rénale, il se peut que vous ne puissiez pas prendre ces médicaments. Consultez votre prestataire de soins si ceci est une préoccupation pour vous.

5. De nombreux médicaments, y compris les médicaments en vente libre et les remèdes à base de plantes médicinales, peuvent interagir avec les antagonistes de l'aldostérone. Consultez votre pharmacien ou autre prestataire de soins avant de prendre tout nouveau médicament.

REMARQUE : Cette information ne vise pas à couvrir tous les usages, toutes les précautions, interactions et réactions indésirables possibles de ces médicaments. Pour toute information additionnelle ou toute question, consultez le pharmacien de l'hôpital ou communautaire.

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FORMULAIRE Nº W-00762 09/19

Angiotensin-Converting Enzyme (ACE) Inhibitors

CAPTOPRIL	**ENALAPRIL**	**FOSINOPRIL**
LISINOPRIL	**PERINDOPRIL**	**RAMIPRIL**

ACE inhibitors make it easier for a weakened heart to pump. Used over a long period of time, this protects the heart. These medications have added benefits for people who have diabetes, have had a heart attack or have high blood pressure.

1. Take this medication as directed. Try and take it at the same time(s), best suited to you, each day. If you miss a dose, take it as soon as you remember unless it is almost time for your next dose. DO NOT take extra medication to make up for the missed dose. Continue to take this medication even if you feel well. DO NOT stop taking this medication without your healthcare provider's advice.
2. These medications can be taken with or without food, with the exception of captopril, which should be taken on an empty stomach, 1 hour before meals.
3. This medication will lower your blood pressure. If you feel dizzy or light-headed and feel like you might pass out, sit or lie down right away. To lower your risk of feeling dizzy or falling:
   - Walk slowly up and down stairs
   - Change your body position slowly, especially when standing up
   - Dangle your feet over the edge of the bed before getting out of bed

   Tell your healthcare provider *if dizziness is a problem for you and have your blood pressure checked. Avoid driving until you know how this medication affects you.*
4. This medication may increase the amount of potassium in your body. Avoid salt substitutes or potassium supplements unless prescribed by your healthcare provider. Signs of too much potassium are:
   - Confusion
   - Irregular heart rate (pulse)
   - Nervousness
   - Numbness or tingling of hands or feet
   - Weak/heavy legs
5. Side effects that should be immediately reported to your healthcare provider:
   - Swelling, especially of the of face, mouth, or neck
   - Reduced amount of urine passed

   Other side effects (if bothersome, contact your healthcare provider)
   - Dry cough or tickle in the throat that does not go away.
6. Do not take this medication if you are pregnant or plan on becoming pregnant.
7. Many medications, including over-the-counter and herbal medications, may interact with ACE-inhibitors. Check with your pharmacist or other healthcare provider before starting or stopping any medication.

NOTE: This information is not intended to cover all possible uses, precautions, interactions, or adverse effects for these medications. Talk to your hospital or community pharmacist for more information or if you have any questions.

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FORM # W-00763 09/19

Inhibiteurs De L'enzyme De Conversion De L'angiotensine (ECA)

CAPTOPRIL	**ENALAPRIL**	**FOSINOPRIL**
LISINOPRIL	**PÉRINDOPRIL**	**RAMIPRIL**

Les inhibiteurs de l'ECA facilitent l'action de pompage d'un cœur affaibli. Leur emploi à long terme protège le cœur. Ces médicaments confèrent des bienfaits additionnels pour les personnes diabétiques, celles qui ont subi une crise cardiaque ou qui font de l'hypertension.

1. Prenez votre inhibiteur de l'ECA comme prescrit. Vous devez essayer de prendre le médicament à peu près à la même heure, qui vous convient le mieux, tous les jours. Si vous oubliez une dose, prenez-la dès que vous y pensez, sauf si c'est presque le moment de la dose suivante. N'essayez PAS de compenser une dose oubliée en prenant une double dose. Continuez de prendre vos médicaments, et ce, même si vous vous sentez bien. N'arrêtez PAS de prendre ces médicaments sans consulter d'abord votre prestataire de soins.
2. Ces médicaments peuvent se prendre avec ou sans nourriture, à l'exception du captopril, qui doit être pris à jeun, 1 heure avant un repas.
3. Les inhibiteurs de l'ECA diminuent la tension artérielle. Si vous vous sentez étourdi ou avez des vertiges et que vous sentez que vous allez perdre conscience, assoyez-vous ou allongez-vous immédiatement. Pour réduire votre risque de vous sentir étourdi ou de tomber :
   - Montez et descendez lentement les escaliers
   - Changez de position lentement, particulièrement lorsque vous vous levez
   - Restez assis sur le bord du lit avant de vous lever

   Informez votre prestataire de soins *si vous souffrez d'étourdissements pour qu'il vérifie votre tension artérielle. Évitez de conduire avant de connaître les effets de ce médicament sur vous.*
4. Ce médicament peut augmenter le taux de potassium dans votre corps. Évitez les succédanés de sel et les suppléments de potassium à moins qu'ils soient prescrits par votre prestataire de soins. Signes pouvant indiquer un taux trop élevé de potassium :
   - Confusion
   - Battements de cœur irréguliers (pouls)
   - Nervosité
   - Engourdissements ou picotements dans les mains ou les pieds
   - Jambes faibles/lourdes
5. Effets secondaires qui devraient être immédiatement signalés à votre prestataire de soins :
   - Enflure, particulièrement du visage, de la bouche ou du cou
   - Diminution de l'urine éliminée

   Autres effets secondaires (s'ils sont incommodants, contactez votre prestataire de soins)
   - Toux sèche ou chatouillements dans la gorge qui persistent
6. Ne prenez pas ce médicament si vous êtes enceinte ou planifiez une grossesse.
7. De nombreux médicaments, y compris les médicaments en vente libre et les remèdes à base de plantes médicinales, peuvent interagir avec les inhibiteurs de l'ECA. Consultez votre pharmacien ou autre prestataire de soins avant de prendre ou d'arrêter tout médicament.

REMARQUE : Cette information ne vise pas à couvrir tous les usages, toutes les précautions, interactions et réactions indésirables possibles de ces médicaments. Pour toute information additionnelle ou toute question, consultez le pharmacien de l'hôpital ou communautaire.

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FORMULAIRE Nº W-00763 09/19

Beta Blockers

ATENOLOL	BISOPROLOL	NADOLOL
METOPROLOL	CARVEDILOL	PROPRANOLOL

Beta-blockers work by blocking the effect of stress hormones on your heart, which lowers your heart rate (pulse) and blood pressure. Beta-blockers can help the heart muscle recover after it has been damaged by allowing the heart to fill and beat more effectively. These medications also protect against angina, heart rhythm problems and may prevent heart attacks.

1. Take this medication as directed, spaced out evenly throughout the day. Try and take it at the same time(s), best suited to you, each day. If you miss a dose, take it as soon as you remember unless it is almost time for your next dose. DO NOT take extra doses to make up for the missed dose. Continue taking this medication even when you feel well. DO NOT stop taking this medication without your healthcare provider's advice.

2. This medication may lower your blood pressure. If you feel dizzy or light-headed and feel like you might pass out, sit or lie down right away. To lower your risk of feeling dizzy or falling:
   - Walk slowly up and down stairs
   - Change your body position slowly, especially when standing up or getting out of bed
   - Dangle your feet over the edge of the bed before getting out of bed

   Tell your healthcare provider *if dizziness is a problem for you and have your blood pressure checked. Avoid driving until you know how this medication affects you.*

3. This medication will lower your heart rate (pulse). If it falls below 50 beats per minute, contact your healthcare provider. It is a good idea to check your pulse often, especially when the drug is new or when your dose has changed.

4. If you have diabetes, this medication may cause your blood sugars to increase by a small amount. It may also make it harder to notice some signs of low blood sugar such as trembling or a faster heart rate (pulse). Dizziness & sweating will not be affected by the beta-blocker and can still be used as a sign of low blood sugar. Watch your blood sugars closely if you have diabetes and take a beta-blocker.

5. Side effects that should be reported to your healthcare provider:
   - Cold hands & feet (may make you more sensitive to the cold)
   - Wheezing or difficulty breathing
   - Unusual swelling of feet and ankles
   - Depression, nightmares, headaches

   Other side effects (if bothersome, contact your healthcare provider):
   - Dizziness, drowsiness, lightheadedness
   - Unusual tiredness or weakness
   - Decreased sexual ability

NOTE: This information is not intended to cover all possible uses, precautions, interactions, or adverse effects for these medications. Talk to your hospital or community pharmacist for more information or if you have any questions.

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FORM # W-00771 09/19

Bêta-Bloquants

ATÉNOLOL	**BISOPROLOL**	**NADOLOL**
MÉTOPROLOL	**CARVÉDILOL**	**PROPRANOLOL**

Les bêtabloquants agissent en inhibant l'effet des hormones du stress sur votre cœur, ce qui réduit votre fréquence cardiaque (pouls) et votre tension artérielle. Les bêtabloquants peuvent aider le muscle cardiaque à se rétablir après avoir été endommagé en lui permettant de se remplir et de battre plus efficacement. Ces médicaments peuvent également protéger contre l'angine, les anomalies du rythme cardiaque (arythmie) et peuvent prévenir les crises cardiaques.

1. Prenez votre bêtabloquant comme prescrit, à des intervalles également espacés durant la journée. Vous devez essayer de prendre le médicament à peu près à la même heure, qui vous convient le mieux, tous les jours. Si vous oubliez une dose, prenez-la dès que vous y pensez, sauf si c'est presque le moment de la dose suivante. N'essayez PAS de compenser une dose oubliée en prenant une double dose. Continuez de prendre vos médicaments, et ce, même si vous vous sentez bien. N'arrêtez PAS de prendre ces médicaments sans consulter d'abord votre prestataire de soins.

2. Ces médicaments peuvent diminuer la tension artérielle. Si vous vous sentez étourdi ou avez des vertiges et que vous sentez que vous allez perdre conscience, assoyez-vous ou allongez-vous immédiatement. Pour réduire votre risque de vous sentir étourdi ou de tomber :
   - Montez et descendez lentement les escaliers
   - Changez de position lentement, particulièrement lorsque vous vous levez ou sortez du lit
   - Restez assis sur le bord du lit avant de vous lever

   Informez votre prestataire de soins *si vous souffrez d'étourdissements pour qu'il vérifie votre tension artérielle. Évitez de conduire avant de connaître les effets de ce médicament sur vous.*

3. Ces médicaments réduiront votre fréquence cardiaque (pouls). Si elle chute sous le seuil de 50 battements par minute, consultez votre prestataire de soins. C'est une bonne idée de vérifier souvent votre pouls, particulièrement lorsque vous commencez à prendre votre médicament ou si votre dose a été changée.

4. Si vous êtes diabétique, ces médicaments peuvent augmenter légèrement votre taux de sucre (glycémie). Ils peuvent également dissimuler certains signes d'une baisse de sucre (hypoglycémie) comme les tremblements ou une fréquence cardiaque plus rapide (pouls). Les étourdissements et la sudation ne sont pas affectés par les bêtabloquants et peuvent donc être utilisés comme signes d'hypoglycémie. Surveillez votre glycémie attentivement si vous êtes diabétique et que vous prenez un bêtabloquant.

5. Effets secondaires qui devraient être signalés à votre prestataire de soins :
   - Mains et pieds froids (peuvent vous rendre plus sensible au froid)
   - Respiration sifflante ou difficulté à respirer
   - Enflure inhabituelle des pieds et des chevilles
   - Dépression, cauchemars, maux de tête

   Autres effets secondaires (s'ils vous incommodent, consultez votre prestataire de soins) :
   - Étourdissements, somnolence, sensation de tête légère
   - Fatigue ou faiblesse inhabituelle
   - Diminution de la capacité sexuelle

REMARQUE : Cette information ne vise pas à couvrir tous les usages, toutes les précautions, interactions et réactions indésirables possibles de ces médicaments. Pour toute information additionnelle ou toute question, consultez le pharmacien de l'hôpital ou communautaire.

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FORMULAIRE Nº W-00771 09/19

Digoxin
(Lanoxin®, Toloxin®)

Digoxin is used to help you feel better if your heart muscle is weak, or slow down your heart rate (pulse) if you have an irregular heartbeat (atrial fibrillation, sometimes called "A-fib").

1. This medication is taken ONCE daily. Take it exactly as you are told by your pharmacist or other healthcare provider. Try to take it at the same time each day. If you miss a dose, take it as soon as you remember unless it is more than half way to the next dose. DO NOT 'double-up' your next dose or take extra medication to make up for the missed dose.

2. Digoxin may be taken with or without food. Take it with food if you develop upset stomach. Try to avoid eating lots of fibre or taking antacids within 2 hours of taking digoxin.

3. You may need to have blood levels of digoxin checked by your healthcare provider. Blood levels will show if you are being given the right dose. When blood levels are taken, they should be done before you take your dose that day, or at least 8 hours after you took your dose.

4. Signs that you have too much digoxin in your body may include:
   - Nausea, vomiting, or diarrhea
   - A heart rate (pulse) that feels very slow or very fast
   - Unusual or increasing drowsiness, confusion, or dizziness
   - Blurred vision
   - Seeing things as yellow or green, seeing 'halos' around objects or lights

   Contact your healthcare provider or go to the nearest Emergency Department if you experience these side effects.

   Other side effects (if bothersome, contact your healthcare provider):
   - Upset stomach
   - Headache
   - Mild diarrhea
   - Mild dizziness

5. Many medications and natural health products can affect the way this medication works. Always check with your pharmacist or other healthcare provider before starting or stopping any medication.

NOTE: This information is not intended to cover all possible uses, precautions, interactions, or adverse effects for these medications. Talk to your hospital or community pharmacist for more information or if you have any questions.

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FORM # W-00772 09/19

Digoxine
(Lanoxin®, Toloxin®)

La digoxine est utilisée pour vous aider à mieux vous sentir si votre cœur est affaibli, ou pour ralentir votre fréquence cardiaque (pouls) si vous avez des battements cardiaques irréguliers (fibrillation auriculaire).

1. Ce médicament est pris UNE FOIS par jour. Prenez-le exactement selon les directives de votre pharmacien ou d'un autre prestataire de soins. Prenez ce médicament à la même heure chaque jour. Si vous oubliez une dose, prenez-la dès que vous y pensez, sauf s'il s'est écoulé plus de la moitié du temps jusqu'à la dose suivante. NE prenez PAS de dose en double ou des doses supplémentaires pour compenser la dose oubliée.

2. La digoxine peut être prise avec ou sans nourriture. Prenez-la avec de la nourriture si vous éprouvez des maux d'estomac. Essayez d'éviter de manger beaucoup de fibres ou de prendre des antiacides dans les 2 heures précédant ou suivant la prise de digoxine.

3. Il se pourrait que votre médecin doive vérifier vos taux sanguins de digoxine. Vos taux sanguins indiqueront si vous recevez la bonne dose. La mesure de vos taux sanguins doit être effectuée avant que vous ayez pris votre dose de la journée ou au moins 8 heures après la prise de votre dose de la journée.

4. Les signes que vous avez trop de digoxine dans votre sang peuvent inclure :
   - Nausées, vomissements ou diarrhée
   - Fréquence cardiaque (pouls) qui semble très lente ou très rapide
   - Somnolence, confusion ou étourdissements inhabituels ou croissants
   - Vision floue
   - Vision en jaune ou en vert, « halos » autour des objets ou des lumières

   Si vous éprouvez ces effets secondaires, contactez votre prestataire de soins ou rendez vous au service des urgences de l'hôpital le plus proche.

   Autres effets secondaires (s'ils vous incommodent, consultez votre prestataire de soins) :
   - Maux d'estomac
   - Maux de tête
   - Diarrhée légère
   - Étourdissements légers

5. De nombreux médicaments et produits de santé naturels peuvent modifier la façon dont ce médicament agit. Consultez toujours votre pharmacien ou autre prestataire de soins avant de prendre ou d'arrêter tout médicament.

REMARQUE : Cette information ne vise pas à couvrir tous les usages, toutes les précautions, interactions et réactions indésirables possibles de ces médicaments. Pour toute information additionnelle ou toute question, consultez le pharmacien de l'hôpital ou communautaire.

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FORMULAIRE Nº W-00772 09/19

Furosemide (Lasix®)

Furosemide is a diuretic ("water pill") medication that is used to remove fluid from your body by making your kidneys produce more urine. If you have a weak heart, or a heart valve condition, or another condition that makes you retain fluid, this medication can help with swelling and prevent fluid from leaking into the lungs.

1. This medication may be taken ONCE daily, TWICE daily, or THREE TIMES daily. Take it exactly as you are told by your pharmacist or other healthcare provider. Try to take it at the same time(s) each day. If you miss a dose, take it as soon as you remember unless it is more than half way to the next dose. Talk to your healthcare provider about whether you can take extra doses to make up for missed doses. Try to avoid taking furosemide late in the day, or you may have to get up to go to the bathroom (pee) at night.

2. Furosemide may be taken with or without food. Take it with food if you get upset stomach.

3. This medication will lower the amount of potassium and some other salts in your body. Your healthcare provider will do blood tests to find out if you need to take a potassium supplement or other kind of supplement. Signs that you may have too little potassium in your body may include:
   - A heartbeat that feels too fast or too slow, or lots of skipped beats or palpitations
   - Muscle weakness, spasms, or cramps
   - Tingling or numbness in the hands or feet
   - Fatigue that is abnormal or increasing
   - Constipation

   Other side effects (if bothersome, contact your healthcare provider):
   - Mild constipation or diarrhea
   - Dizziness, especially when getting up (get out of bed slowly, stand up slowly when you have been sitting down, and always go up and down stairs slowly and carefully)
   - Skin will burn quicker in the sun (use sunscreen and wear sunglasses if you will be in the sun, and avoid tanning beds)

4. If you have a weak heart muscle or problems with too much fluid, it is a good idea to weigh yourself every day and keep a written record of your weights. It is usually a bad sign if your weight changes by more than 4 pounds (2 kg) within 2 days, or 5 pounds (2.5 kg) in a week. Talk to your healthcare provider about what to do if your weight is changing too fast.

5. If you have had gout attacks in the past, taking furosemide may increase your risk of another gout attack. Talk to your healthcare provider if this is a concern for you.

6. Many medications and natural health products can affect the way this medication works. Always check with your pharmacist or other healthcare provider before starting or stopping any medication.

NOTE: This information is not intended to cover all possible uses, precautions, interactions, or adverse effects for these medications. Talk to your hospital or community pharmacist for more information or if you have any questions.

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FORM # W-00773 09/19

Furosémide (Lasix®)

Le furosémide est un diurétique (pilule contre la rétention d'eau) qui est utilisé pour éliminer l'eau dans votre corps en agissant sur les reins pour augmenter la production d'urine. Si votre cœur est affaibli ou si vous avez un trouble au niveau d'une valve du cœur ou un autre trouble qui entraîne une rétention d'eau, ce médicament peut réduire l'enflure et prévenir l'accumulation de liquide dans les poumons.

1. Ce médicament peut être pris UNE FOIS, DEUX FOIS ou TROIS FOIS par jour. Prenez-le exactement selon les directives de votre pharmacien ou d'un autre prestataire de soins. Essayez de prendre ce médicament aux mêmes heures chaque jour. Si vous oubliez une dose, prenez-la dès que vous y pensez, sauf s'il s'est écoulé plus de la moitié du temps jusqu'à la dose suivante. Demandez à votre prestataire de soins si vous pouvez compenser des doses omises en prenant plus de comprimés. Évitez de prendre le furosémide tard dans la journée, car vous pourriez devoir vous lever la nuit pour uriner.

2. Le furosémide peut être pris avec ou sans nourriture. Prenez-la avec de la nourriture si vous éprouvez des maux d'estomac.

3. Ce médicament réduira le taux de potassium et d'autres sels dans votre corps. Votre prestataire de soins effectuera des tests sanguins pour déterminer si vous devez prendre des suppléments de potassium ou d'autres types de suppléments. Les signes que vous avez peut-être un taux de potassium trop faible peuvent inclure :
   - Battements de cœur trop rapides ou trop lents, beaucoup de battements sautés ou de nombreuses palpitations
   - Faiblesse, spasmes ou crampes musculaires
   - Engourdissements ou picotements dans les mains ou les pieds
   - Fatigue anormale ou plus prononcée
   - Constipation

   Autres effets secondaires (s'ils vous incommodent, consultez votre prestataire de soins):
   - Légère constipation ou diarrhée
   - Étourdissements, particulièrement lorsque vous vous levez (sortez du lit lentement, levez-vous lentement d'une position assise, et montez et descendez toujours lentement et attentivement les escaliers)
   - Votre peau brûlera plus rapidement au soleil (appliquez de la crème solaire et portez des lunettes de soleil si vous allez au soleil, et évitez les lits de bronzage)

4. Si votre cœur est affaibli ou si vous avez des problèmes de rétention d'eau, c'est une bonne idée de vous peser chaque jour et de noter votre poids. C'est un mauvais signe si votre poids fluctue de plus de 4 livres (2 kg) ou de 5 livres (2,5 kg) en une semaine. Demandez à votre prestataire de soins ce que vous devez faire si votre poids fluctue trop rapidement.

5. Le furosémide peut augmenter votre risque de subir une autre crise de goutte si vous en avez déjà fait une par le passé. Consultez votre prestataire de soins si ceci est une préoccupation pour vous.

6. De nombreux médicaments et produits de santé naturels peuvent modifier la façon dont ce médicament agit. Consultez toujours votre pharmacien ou autre prestataire de soins avant de prendre ou d'arrêter tout médicament.

REMARQUE : Cette information ne vise pas à couvrir tous les usages, toutes les précautions, interactions et réactions indésirables possibles de ces médicaments. Pour toute information additionnelle ou toute question, consultez le pharmacien de l'hôpital ou communautaire.

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FORMULAIRE Nº W-00773 09/19

Hydralazine (Apresoline®)

Hydralazine opens your blood vessels. This lowers your blood pressure and makes it easier for your heart to pump blood if your heart muscle is weak (heart failure).

1. This medication is usually taken THREE or FOUR times daily, spaced out evenly throughout the day. Take it exactly as you have been told by your pharmacist or other healthcare provider. If you miss a dose, take it as soon as you remember unless it is almost time for your next dose. DO NOT take extra medication to make up for the missed dose.
2. Hydralazine can be taken with or without food. If hydralazine upsets your stomach, take it with food.
3. This medication will lower your blood pressure. If you feel dizzy or light-headed and feel like you might pass out, sit or lie down right away. To lower your risk of feeling dizzy or falling:
   - Walk slowly up and down stairs
   - Change your body position slowly, especially when standing up
   - Dangle your feet over the edge of the bed before getting out of bed

   Tell your healthcare provider if dizziness is a problem for you and have your blood pressure checked. Avoid driving until you know how this medication affects you.

   Other side effects (if bothersome, contact your healthcare provider):
   - Nausea, vomiting, diarrhea, or loss of appetite
   - Headache
4. There are some rare side effects of hydralazine that your pharmacist or other healthcare provider should know about. Talk to your pharmacist or other healthcare provider if you have any of the following:
   - Numbness, burning, or tingling of the hands or feet
   - Heartbeat that feels faster than normal or does not feel normal
   - Chest pressure or chest pain
5. Talk to your healthcare provider if you develop fever, rash, joint pain, joint swelling, or unexplained sore muscles, as these may be signs of a rare, serious reaction.
6. Some medications, including over-the-counter and herbal medications, may interact with hydralazine. Check with your pharmacist or other healthcare provider before starting any new medication.

NOTE: This information is not intended to cover all possible uses, precautions, interactions, or adverse effects for these medications. Talk to your hospital or community pharmacist for more information or if you have any questions.

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FORM # W-00774 09/19

Hydralazine (Apresoline®)

L'hydralazine dilate les vaisseaux sanguins. Elle réduit votre tension artérielle et aide votre coeur à pomper le sang si votre muscle cardiaque est faible (insuffisance cardiaque).

1. Ce médicament est habituellement pris TROIS ou QUATRE fois par jour, à des intervalles également espacés durant la journée. Prenez-le exactement selon les directives de votre pharmacien ou d'un autre prestataire de soins. Si vous oubliez une dose, prenez-la dès que vous y pensez, sauf si c'est presque le moment de la dose suivante. N'essayez PAS de compenser une dose oubliée en prenant une double dose.

2. L'hydralazine peut être prise avec ou sans nourriture. Prenez-la avec de la nourriture si vous éprouvez des maux d'estomac.

3. Ce médicament diminue la tension artérielle. Si vous vous sentez étourdi ou avez des vertiges et que vous sentez que vous allez perdre conscience, assoyez-vous ou allongez-vous immédiatement. Pour réduire votre risque de vous sentir étourdi ou de tomber :
   - Montez et descendez lentement les escaliers
   - Changez de position lentement, particulièrement lorsque vous vous levez
   - Restez assis sur le bord du lit avant de vous lever

   Informez votre prestataire de soins si vous souffrez d'étourdissements pour qu'il vérifie votre tension artérielle. Évitez de conduire avant de connaître les effets de ce médicament sur vous.

   Autres effets secondaires (s'ils vous incommodent, consultez votre médecin) :
   - Nausée, vomissements, diarrhée ou perte d'appétit
   - Maux de tête

4. L'hydralazine peut occasionner de rares effets secondaires dont votre pharmacien ou autre prestataire de soins devrait être informé. Informez votre pharmacien ou autre prestataire de soins si vous présentez l'un des effets secondaires suivants :
   - Engourdissement, picotements ou brûlure au niveau des mains et des pieds
   - Battements de cœur qui semblent plus rapides que la normale ou qui semblent anormaux
   - Pression ou douleur à la poitrine

5. Informez votre médecin si vous développez une fièvre, une éruption cutanée, une douleur ou une enflure articulaire, ou encore des douleurs musculaires inexpliquées, car elles peuvent être un signe d'une réaction médicamenteuse grave, mais rare.

6. Certains médicaments, y compris les médicaments en vente libre et les remèdes à base de plantes médicinales, peuvent interagir avec l'hydralazine. Consultez votre pharmacien ou autre prestataire de soins avant de prendre tout nouveau médicament.

REMARQUE : Cette information ne vise pas à couvrir tous les usages, toutes les précautions, interactions et réactions indésirables possibles de ces médicaments. Pour toute information additionnelle ou toute question, consultez le pharmacien de l'hôpital ou communautaire.

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FORMULAIRE Nº W-00774 09/19

Isosorbide Dinitrate (Isordil®)

Isosorbide dinitrate is a form of nitroglycerin that can be taken by mouth. Nitroglycerin helps a weak heart muscle by making it easier for the heart to pump blood. Nitroglycerin is also used to open your blood vessels to prevent or treat heart pain (angina).

1. This medication is usually taken THREE times daily. Try to take it at the same times each day, exactly as you have been told by your pharmacist or other healthcare provider. Usually isosorbide dinitrate is taken only during the day and NOT at bedtime. If you miss a dose, take it as soon as you remember unless it is almost time for the next dose. DO NOT 'double-up' your dose or take extra medication to make up for the missed dose.

2. Side effects of isosorbide dinitrate (if bothersome, contact your healthcare provider):
   - Flushing
   - Dizziness or light-headedness
   - Headache

   You may try taking acetaminophen (Tylenol®) if you get a bad headache with isosorbide dinitrate. Sometimes the headache will get better after you use isosorbide dinitrate for a while.

3. **DO NOT** take sildenafil (Viagra® or Revatio®), vardenafil (Levitra® or Staxyn®), or tadalafil (Cialis® or Adcirca®) without talking to your healthcare provider first. **DO NOT** use nitroglycerin (tablet, spray or patch) for 24 hours after taking sildenafil or vardenafil and do not use nitroglycerin for 48 hours after taking tadalafil. Talk to your pharmacist or other healthcare provider for more information.

4. Many medications and natural health products can affect the way this medication works. Always check with your pharmacist or other healthcare provider before starting or stopping any medication.

5. Isosorbide dinitrate works slower than nitroglycerin spray or nitroglycerin tablets that you put under your tongue. Do not use isosorbide dinitrate in place of nitroglycerin spray or under-the-tongue tablets. If you have heart pain (angina), you can still use nitroglycerin spray or under-the-tongue nitroglycerin tablets even if you take isosorbide dinitrate.

NOTE: This information is not intended to cover all possible uses, precautions, interactions, or adverse effects for these medications. Talk to your hospital or community pharmacist for more information or if you have any questions.

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FORM # W-00775 09/19

Dinitrate d'isosorbide (Isordil®)

Le dinitrate d'isosorbide est une forme de nitroglycérine qui peut être prise par voie orale. La nitroglycérine aide le cœur affaibli à pomper plus facilement le sang. Ce médicament est également utilisé pour dilater les vaisseaux sanguins afin de prévenir ou de traiter les douleurs cardiaques (angine).

1. Ce médicament est habituellement pris TROIS fois par jour. Essayez de le prendre aux mêmes moments chaque jour, exactement selon les directives de votre pharmacien ou d'un autre prestataire de soins. Généralement, le dinitrate d'isosorbide est pris seulement durant la journée et NON au coucher. Si vous oubliez une dose, prenez-la dès que vous y pensez, sauf si c'est presque le moment de la dose suivante. N'essayez PAS de compenser une dose oubliée en prenant une double dose.

2. Effets secondaires du dinitrate d'isosorbide (s'ils vous incommodent, consultez votre prestataire de soins) :
   - Bouffées de chaleur
   - Étourdissements ou sensation de tête légère
   - Maux de tête

   Vous pouvez prendre de l'acétaminophène (Tylenol®) si le dinitrate d'isosorbide vous occasionne des maux de tête intenses. Les maux de tête peuvent s'atténuer après avoir pris le dinitrate d'isosorbide pendant quelque temps.

3. **NE PRENEZ PAS** du sildénafil (Viagra® ou Revatio®), du vardénafil (Levitra® or Staxyn®) ou du tadalafil (Cialis® ou Adcirca®) sans d'abord en parler à votre prestataire de soins. **N**'utilisez **PAS** la nitroglycérine (comprimé, vaporisateur ou timbre cutané) pendant 24 heures après avoir pris du sildénafil ou du vardénafil et n'utilisez pas la nitroglycérine pendant 48 heures après avoir pris du tadalafil. Parlez à votre pharmacien ou à un autre prestataire de soins pour avoir de plus amples informations.

4. De nombreux médicaments et produits de santé naturels peuvent modifier la façon dont ce médicament agit. Consultez toujours votre pharmacien ou autre prestataire de soins avant de prendre ou d'arrêter tout médicament.

5. Le dinitrate d'isosorbide agit plus lentement que la nitroglycérine en vaporisateur ou en comprimés que l'on met sous la langue. N'utilisez pas le dinitrate d'isosorbide à la place de la nitroglycérine en vaporisateur ou en comprimés à mettre sous la langue. Si vous avez des douleurs cardiaques (angine), vous pouvez utiliser la nitroglycérine en vaporisateur ou en comprimés sous la langue même si vous prenez du dinitrate d'isosorbide.

REMARQUE : Cette information ne vise pas à couvrir tous les usages, toutes les précautions, interactions et réactions indésirables possibles de ces médicaments. Pour toute information additionnelle ou toute question, consultez le pharmacien de l'hôpital ou communautaire.

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FORMULAIRE Nº W-00775 09/19

Ivabradine
(Lancora®)

Ivabradine lowers your heart rate (pulse). This helps your heart pump blood to your body and can make heart failure symptoms better. This medication also protects against angina (chest pain).

1. Take this medication as directed, spaced out evenly throughout the day. Try and take it at the same times, best suited to you, each day. If you miss a dose, take it as soon as you remember unless it is almost time for your next dose. DO NOT take extra doses to make up for the missed dose. Continue taking this medication even when you feel well. DO NOT stop taking this medication without your healthcare provider's advice.
2. Ivabradine should be taken with food.
3. This medication will lower your heart rate (pulse). If it falls below 50 beats per minute, contact your healthcare provider. It is a good idea to check your pulse often, especially when the medication is new or when your dose has changed.
4. Do not take this medication if you are pregnant or plan on becoming pregnant. Always use effective contraception if you are a woman of child bearing age.
5. Many medications and natural health products can affect the way this medication works. Always check with your pharmacist or other healthcare provider before starting or stopping any medication. Do not drink grapefruit juice or eat grapefruit while on this medication.
6. Side effects that should be reported to your healthcare provider:
   - Irregular or rapid heartbeat, slow heartbeat
   - Chest pressure or worsened shortness of breath
   - Fainting or almost fainting

   Other side effects (if bothersome, contact your healthcare provider):
   - Mild dizziness, drowsiness, or lightheadedness
   - Unusual tiredness or weakness
   - Vision changes including temporary increased brightness in your vision, especially with sudden changes in light. This sometimes happens within the first two months of starting ivabradine and usually goes away on its own. Use caution when driving or operating machinery.

NOTE: This information is not intended to cover all possible uses, precautions, interactions, or adverse effects for these medications. Talk to your hospital or community pharmacist for more information or if you have any questions.

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FORM # W-00776 09/19

IVABRADINE (LANCORA®)

L'ivabradine réduit votre fréquence cardiaque (pouls), ce qui aide votre cœur à pomper le sang dans votre corps et peut améliorer les symptômes de l'insuffisance cardiaque. Ce médicament protège également contre l'angine (douleur à la poitrine).

1. Prenez ce médicament comme prescrit, à des intervalles également espacés durant la journée. Vous devez essayer de prendre le médicament à peu près à la même heure, qui vous convient le mieux, tous les jours. Si vous oubliez une dose, prenez-la dès que vous y pensez, sauf si c'est presque le moment de la dose suivante. N'essayez PAS de compenser une dose oubliée en prenant une double dose. Continuez de prendre vos médicaments, et ce, même si vous vous sentez bien. N'arrêtez PAS de prendre ces médicaments sans consulter d'abord votre prestataire de soins.
2. L'ivabradine devrait être prise avec de la nourriture.
3. Ce médicament réduira votre fréquence cardiaque (pouls). Si elle chute sous le seuil de 50 battements par minute, consultez votre prestataire de soins. C'est une bonne idée de vérifier souvent votre pouls, particulièrement lorsque vous commencez à prendre votre médicament ou si votre dose a été changée.
4. Ne prenez pas ce médicament si vous êtes enceinte ou planifiez une grossesse. Utilisez toujours une méthode contraceptive efficace si vous êtes une femme en âge de procréer.
5. De nombreux médicaments et produits de santé naturels peuvent modifier la façon dont ce médicament agit. Consultez toujours votre pharmacien ou votre prestataire de soins avant de prendre ou d'arrêter tout médicament. Vous ne pouvez pas consommer de pamplemousses ou du jus de pamplemousse pendant que vous prenez ce médicament.
6. Effets secondaires qui devraient être signalés à votre prestataire de soins :
   - Battements cardiaques irréguliers, rapides ou lents
   - Pression au niveau de la poitrine ou essoufflement plus prononcé
   - Évanouissement ou quasi-évanouissement

   Autres effets secondaires (s'ils vous incommodent, consultez votre prestataire de soins) :
   - Symptômes légers d'étourdissements, de somnolence ou de sensation de tête légère
   - Fatigue ou faiblesse inhabituelle
   - Changements de la vision, y compris luminosité temporaire dans le champ de vision, particulièrement en présence de changements soudains de la lumière. Cet effet secondaire se produit parfois au cours des deux premiers mois du traitement avec l'ivabradine et disparaît habituellement de lui-même. La prudence est de rigueur quand vous conduisez un véhicule ou faites fonctionner une machine.

REMARQUE : Cette information ne vise pas à couvrir tous les usages, toutes les précautions, interactions et réactions indésirables possibles de ces médicaments. Pour toute information additionnelle ou toute question, consultez le pharmacien de l'hôpital ou communautaire.

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Nitroglycerin Patch

Nitroglycerin is used to help a weak heart muscle by making it easier for the heart to pump blood. Nitroglycerin is also used to open your blood vessels to prevent or treat heart pain (angina). Nitroglycerin patch is used to make the effects of nitroglycerin last longer than under-the-tongue nitroglycerin tablets or nitroglycerin spray.

1. Nitroglycerin patch is applied ONCE daily and kept on for about half a day (about 12 hours). The patch can be put on in the morning OR evening but must be taken off about 12 hours later. If the patch is left on for more than half a day, your body will adapt to the medication and it may not work as well.

2. Nitroglycerin patch should be applied to an area that is clean, dry, healthy, and hairless or mostly hairless. Do not put the patch on the same spot each day as this may irritate the skin. Wash your hands before and after you put on a patch.

3. Side effects of nitroglycerin patch (if bothersome, contact your healthcare provider):
   - Dizziness or light-headedness
   - Flushing
   - Rash or skin irritation where the patch is applied
   - Headache

   You may try taking acetaminophen (Tylenol®) if you get a bad headache with nitroglycerin patches. Sometimes the headache will get better after you use nitroglycerin patches for a while.

4. **DO NOT** take sildenafil (Viagra® or Revatio®), vardenafil (Levitra® or Staxyn®), or tadalafil (Cialis® or Adcirca®) without talking to your healthcare provider first. **DO NOT** use nitroglycerin (tablet, spray or patch) for 24 hours after taking sildenafil or vardenafil and do not use nitroglycerin for 48 hours after taking tadalafil. Talk to your pharmacist or other healthcare provider for more information.

5. Many medications and natural health products can affect the way this medication works. Always check with your pharmacist or other healthcare provider before starting or stopping any medication.

6. Nitroglycerin spray and under-the-tongue nitroglycerin tablets can still be used for angina (heart pain) if you are wearing a nitroglycerin patch.

NOTE: This information is not intended to cover all possible uses, precautions, interactions, or adverse effects for these medications. Talk to your hospital or community pharmacist for more information or if you have any questions.

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FORM # W-00777 09/19

Timbre de Nitroglycérine

La nitroglycérine aide le cœur affaibli à pomper plus facilement le sang. Ce médicament est également utilisé pour dilater les vaisseaux sanguins afin de prévenir ou de traiter les douleurs cardiaques (angine). Le timbre de nitroglycérine est utilisé pour prolonger les effets de la nitroglycérine par rapport aux comprimés de nitroglycérine que l'on met sous la langue ou au vaporisateur de nitroglycérine.

1. Le timbre de nitroglycérine est appliqué UNE FOIS par jour et est gardé sur la peau pendant environ la moitié de la journée (environ 12 heures). Le timbre peut être appliqué le matin OU le soir, mais doit être retiré environ 12 heures plus tard. Si le timbre est laissé sur la peau pendant plus de 12 heures, votre corps s'adaptera au médicament et son efficacité pourrait être réduite.

2. Le timbre de nitroglycérine devrait être appliqué sur la peau propre, sèche, saine et dépourvue ou presque dépourvue de poils. N'appliquez pas le timbre au même endroit chaque jour, car la peau pourrait devenir irritée. Lavez vos mains avant et après l'application du timbre.

3. Effets secondaires du timbre de nitroglycérine (s'ils vous incommodent, consultez votre médecin) :
   - Étourdissements ou sensation de tête légère
   - Bouffées de chaleur
   - Éruption cutanée ou irritation de la peau où le timbre a été appliqué
   - Maux de tête

   Vous pouvez prendre de l'acétaminophène (Tylenol®) si les timbres de nitroglycérine vous occasionnent des maux de tête intenses. Les maux de tête peuvent s'atténuer après avoir pris les timbres de nitroglycérine pendant quelque temps.

4. **NE PRENEZ PAS** du sildénafil (Viagra® ou Revatio®), du vardénafil (Levitra® ou Staxyn®) ou du tadalafil (Cialis® ou Adcirca®) sans d'abord en parler à votre prestataire de soins. **N'utilisez PAS** la nitroglycérine (comprimé, vaporisateur ou timbre cutané) pendant 24 heures après avoir pris du sildénafil ou du vardénafil et n'utilisez pas la nitroglycérine pendant 48 heures après avoir pris du tadalafil. Parlez à votre pharmacien ou à un autre prestataire de soins pour avoir de plus amples informations.

5. De nombreux médicaments et produits de santé naturels peuvent modifier la façon dont ce médicament agit. Consultez toujours votre pharmacien ou autre prestataire de soins avant de prendre ou d'arrêter tout médicament.

6. Si vous avez des douleurs cardiaques (angine), vous pouvez utiliser la nitroglycérine en vaporisateur ou en comprimés sous la langue même si vous portez un timbre de nitroglycérine.

REMARQUE : Cette information ne vise pas à couvrir tous les usages, toutes les précautions, interactions et réactions indésirables possibles de ces médicaments. Pour toute information additionnelle ou toute question, consultez le pharmacien de l'hôpital ou communautaire.

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FORMULAIRE Nº W-00777 09/19

Sacubitril/Valsartan (Entresto®)

Heart failure occurs when the heart is weak and cannot pump enough blood to the rest of the body. Sacubitril/valsartan (Entresto®) is used in people with certain types of heart failure to reduce the risk of being hospitalized or dying. It is usually used in place of other medications, along with other heart failure therapies.

1. Take this medication as directed. It is usually taken TWICE daily. Space out the doses as evenly as you can. Try and take it at the same times, best suited to you, each day. If you miss a dose, take it as soon as you remember unless it is almost time for your next dose. DO NOT take extra medication to make up for the missed dose. Continue to take this medication even if you feel well. DO NOT stop taking this medication without your healthcare provider's advice.

2. This medication can be taken with or without food.

3. This medication will lower your blood pressure. If you feel dizzy or light-headed and feel like you might pass out, sit or lie down right away. To lower your risk of feeling dizzy or falling:
   - Walk slowly up and down stairs
   - Change your body position slowly, especially when standing up
   - Dangle your feet over the edge of the bed before getting out of bed

   Tell your healthcare provider if dizziness is a problem for you and have your blood pressure checked. Avoid driving until you know how this medication affects you.

4. This medication may increase the amount of potassium in your body. Your healthcare provider will monitor the potassium levels in your blood while you are taking this medication. Avoid salt substitutes or potassium supplements unless prescribed by your healthcare provider. Signs of too much potassium are:
   - Confusion
   - Irregular heart rate (pulse)
   - Nervousness
   - Numbness or tingling of hands or feet
   - Weak/heavy legs

5. Your healthcare provider will check your kidney function while you are taking sacubitril/valsartan (Entresto®). If you have changes in your kidney function tests, you may need a lower dose of the medication, or may need to stop taking it for a period of time.

6. Side effects that should be immediately reported to your healthcare provider:
   - Swelling, especially of the of face, mouth, or neck
   - Reduced amount of urine passed

   Other side effects (if bothersome, contact your healthcare provider)
   - Dry cough or tickle in the throat that does not go away

7. Do not take this medication if you are pregnant or plan on becoming pregnant.

8. Sacubitril/valsartan (Entresto®) will replace your existing ACE-inhibitor or ARB medication. Do not take an ACE-inhibitor or ARB medication while you are on sacubitril/valsartan (Entresto®). ACE-inhibitor medications include: benazepril, captopril, cilazapril, enalapril, fosinopril, lisinopril, perindopril, quinapril, ramipril, and trandolapril. ARB medications include: azilsartan, candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, and valsartan.

9. If you are switched to sacubitril/valsartan (Entresto®) from an ACE-inhibitor medication, you will need to stop the ACE-inhibitor for a period of time before starting sacubitril/valsartan (Entresto®). Make sure you do this exactly as directed. This will make sure the ACE-inhibitor is out of your body before sacubitril/valsartan (Entresto®) is started. This is not as important for ARB medications so if you are switching from an ARB you may do so right away.

10. Many medications, including over-the-counter and herbal medications, may interact with sacubitril/valsartan (Entresto®). Check with your pharmacist or other healthcare provider before starting or stopping any medication.

NOTE: This information is not intended to cover all possible uses, precautions, interactions, or adverse effects for these medications. Talk to your hospital or community pharmacist for more information or if you have any questions.

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FORM # W-00778 09/19

Sacubitril/Valsartan (Entresto®)

L'insuffisance cardiaque survient lorsque le cœur est affaibli et ne peut pas pomper suffisamment de sang dans l'ensemble de l'organisme. Le sacubitril/valsartan (Entresto®) est utilisé chez les personnes atteintes de certains types d'insuffisance cardiaque afin de réduire le risque d'hospitalisation ou de décès. Ce médicament est habituellement administré à la place d'autres médicaments en combinaison avec d'autres traitements de l'insuffisance cardiaque.

1. Prenez ce médicament comme prescrit. Il est habituellement pris DEUX FOIS par jour. Espacez les doses à des intervalles aussi réguliers que possible. Vous devez essayer de prendre le médicament à peu près aux mêmes heures, qui vous conviennent le mieux, tous les jours. Si vous oubliez une dose, prenez-la dès que vous y pensez, sauf si c'est presque le moment de la dose suivante. N'essayez PAS de compenser une dose oubliée en prenant une double dose. Continuez de prendre ce médicament, et ce, même si vous vous sentez bien. N'arrêtez PAS de prendre ce médicament sans consulter d'abord votre prestataire de soins.

2. Ce médicament peut être pris avec ou sans nourriture.

3. Ce médicament réduira votre tension artérielle. Si vous vous sentez étourdi ou avez des vertiges et que vous sentez que vous allez perdre conscience, assoyez-vous ou allongez-vous immédiatement. Pour réduire votre risque de vous sentir étourdi ou de tomber :
   - Montez et descendez lentement les escaliers
   - Changez de position lentement, particulièrement lorsque vous vous levez
   - Restez assis sur le bord du lit avant de vous lever

   Informez votre prestataire de soins si vous souffrez d'étourdissements pour qu'il vérifie votre tension artérielle. Évitez de conduire avant de connaître les effets de ce médicament sur vous.

4. Ce médicament peut augmenter le taux de potassium dans votre corps. Votre médecin effectuera des tests sanguins pour mesurer vos taux de potassium pendant votre traitement avec ce médicament. Évitez les succédanés de sel et les suppléments de potassium à moins qu'ils soient prescrits par votre prestataire de soins. Signes pouvant indiquer un taux trop élevé de potassium :
   - Confusion
   - Battements de cœur irréguliers (pouls)
   - Nervosité
   - Engourdissements ou picotements dans les mains ou les pieds
   - Jambes faibles/lourdes

5. Votre prestataire de soins surveillera votre fonction rénale pendant que vous prenez le sacubitril/valsartan (Entresto®). S'il note des changements dans les résultats de vos tests de la fonction rénale, il pourrait diminuer la dose de votre médicament ou même vous demander de cesser le médicament pendant un certain temps.

6. Effets secondaires qui devraient être immédiatement signalés à votre prestataire de soins :
   - Enflure, particulièrement du visage, de la bouche ou du cou
   - Diminution de l'urine éliminée

   Autres effets secondaires (s'ils vous incommodent, consultez votre prestataire de soins)
   - Toux sèche ou chatouillements dans la gorge qui persistent

7. Ne prenez pas ce médicament si vous êtes enceinte ou planifiez une grossesse.

8. Le sacubitril/valsartan (Entresto®) remplacera votre inhibiteur de l'ECA ou votre antagoniste des récepteurs de l'angiotensine (ARA). Ne prenez pas d'inhibiteur de l'ECA ou d'ARA pendant votre traitement avec le sacubitril/valsartan (Entresto®). Les inhibiteurs de l'ECA incluent : bénazépril, captopril, cilazapril, énalapril, fosinopril, lisinopril, périndopril, quinapril, ramipril et trandolapril. Les ARA incluent : azilsartan, candésartan, éprosartan, irbésartan, losartan, olmésartan, telmisartan et valsartan.

9. Si votre prestataire de soins a remplacé votre inhibiteur de l'ECA par le sacubitril/valsartan (Entresto®), vous devrez cesser de prendre votre inhibiteur de l'ECA pendant un certain temps avant de commencer à prendre le sacubitril/valsartan (Entresto®). Suivez soigneusement cette directive, afin que l'inhibiteur de l'ECA soit éliminé de votre organisme avant le début du traitement avec le sacubitril/valsartan (Entresto®). Il n'est pas nécessaire d'en faire de même si vous passez d'un ARA au sacubitril/valsartan (Entresto®). Vous pouvez commencer à prendre immédiatement le sacubitril/valsartan (Entresto®).

10. De nombreux médicaments, y compris les médicaments en vente libre et les remèdes à base de plantes médicinales, peuvent interagir avec le sacubitril/valsartan (Entresto®). Consultez votre pharmacien ou votre prestataire de soins avant de prendre ou d'arrêter tout médicament.

REMARQUE : Cette information ne vise pas à couvrir tous les usages, toutes les précautions, interactions et réactions indésirables possibles de ces médicaments. Pour toute information additionnelle ou toute question, consultez le pharmacien de l'hôpital ou communautaire.

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FORMULAIRE Nº W-00778 09/19

Diuretics
(Thiazide & Thiazide-Like)

HYDROCHLOROTHIAZIDE
CHLORTHALIDONE
METOLAZONE
INDAPAMIDE

Thiazide and thiazide-like medications are diuretics ("water pills") that are usually used to treat high blood pressure. Sometimes these medications may also be used to help remove extra fluid from your body by making your kidneys produce more urine, usually in combination with another medication.

1. This medication is usually taken ONCE daily. Take it exactly as you are told by your pharmacist or other healthcare provider. Try to take it at the same time each day. If you miss a dose, take it as soon as you remember unless it is more than half way to the next dose. DO NOT take extra medication to make up for the missed dose. Try to avoid taking this medication late in the day, or you may have to get up to go to the bathroom (pee) at night.

2. This medication may be taken with or without food. Take it with food if you get upset stomach.

3. This medication will lower your blood pressure. If you feel dizzy or light-headed and feel like you might pass out, sit or lie down right away. To lower your risk of feeling dizzy or falling:
   - Walk slowly up and down stairs
   - Change your body position slowly, especially when standing up
   - Dangle your feet over the edge of the bed before getting out of bed

   Tell your healthcare provider if dizziness is a problem for you and have your blood pressure checked. Avoid driving until you know how this medication affects you.

4. This medication will lower the amount of potassium and some other salts in your body. Your healthcare provider will do blood tests to find out if you need to take a potassium supplement or other kind of supplement. Signs that you may have too little potassium in your body may include:
   - A heartbeat that feels too fast or too slow, or lots of skipped beats or palpitations
   - Muscle weakness, spasms, or cramps
   - Tingling or numbness in the hands or feet
   - Fatigue that is abnormal or increasing
   - Constipation

   Other side effects (if bothersome, contact your healthcare provider):
   - Mild constipation or diarrhea
   - Skin will burn quicker in the sun (use sunscreen and wear sunglasses if you will be in the sun, and avoid tanning beds)

5. If you have had gout attacks in the past, taking this medication may increase your risk of another gout attack. Talk to your healthcare provider if this is a concern for you.

6. Many medications and natural health products can affect the way this medication works. Always check with your pharmacist or other healthcare provider before starting or stopping any medication.

NOTE: This information is not intended to cover all possible uses, precautions, interactions, or adverse effects for these medications. Talk to your hospital or community pharmacist for more information or if you have any questions.

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FORM # W-00779 09/19

Diurétiques
(Thiazides et Thiazides Apparentés)

HYDROCHLOROTHIAZIDE
CHLORTHALIDONE
MÉTOLAZONE
INDAPAMIDE

Les thiazides et les thiazides apparentés sont des diurétiques (« pilules contre la rétention d'eau ») qui sont habituellement utilisés pour traiter l'hypertension. Ces médicaments peuvent également être utilisés parfois pour éliminer l'eau dans votre corps en agissant sur les reins afin d'augmenter la production d'urine, généralement en combinaison avec un autre médicament.

1. Ces médicaments sont habituellement pris UNE FOIS par jour. Prenez-les exactement selon les directives de votre pharmacien ou d'un autre prestataire de soins. Essayez de prendre ces médicaments à la même heure chaque jour. Si vous oubliez une dose, prenez-la dès que vous y pensez, sauf s'il s'est écoulé plus de la moitié du temps jusqu'à la dose suivante. N'essayez pas de compenser une dose oubliée en prenant une double dose. Évitez de prendre ces médicaments tard dans la journée, car vous pourriez devoir vous lever la nuit pour uriner.
2. Ces médicaments peuvent être pris avec ou sans nourriture. Prenez-les avec de la nourriture si vous éprouvez des maux d'estomac.
3. Ces médicaments diminuent la tension artérielle. Si vous vous sentez étourdi ou avez des vertiges et que vous sentez que vous allez perdre conscience, assoyez-vous ou allongez vous immédiatement. Pour réduire votre risque de vous sentir étourdi ou de tomber :
   - Montez et descendez lentement les escaliers
   - Changez de position lentement, particulièrement lorsque vous vous levez
   - Restez assis sur le bord du lit avant de vous lever

   Informez votre prestataire de soins si vous souffrez d'étourdissements pour qu'il vérifie votre tension artérielle. Évitez de conduire avant de connaître les effets de ces médicaments sur vous.
4. Ces médicaments réduisent le taux de potassium et d'autres sels dans votre corps. Votre médecin effectuera des tests sanguins pour déterminer si vous devez prendre des suppléments de potassium ou d'autres types de suppléments. Les signes que vous avez peut-être un taux de potassium trop faible peuvent inclure :
   - Battements de cœur trop rapides ou trop lents, des battements de cœur sautés ou de nombreuses palpitations
   - Faiblesse, spasmes ou crampes musculaires
   - Engourdissements ou picotements dans les mains ou les pieds
   - Fatigue anormale ou plus prononcée
   - Constipation

   Autres effets secondaires (s'ils vous incommodent, consultez votre prestataire de soins) :
   - Légère constipation ou diarrhée
   - Votre peau brûlera plus rapidement au soleil (appliquez de la crème solaire et portez des lunettes de soleil si vous allez au soleil, et évitez les lits de bronzage)
5. Ces médicaments peuvent augmenter votre risque de subir une autre crise de goutte si vous en avez déjà fait une par le passé. Consultez votre prestataire de soins si ceci est une préoccupation pour vous.
6. De nombreux médicaments et produits de santé naturels peuvent modifier la façon dont ces médicaments agissent. Consultez toujours votre pharmacien ou autre prestataire de soins avant de prendre ou d'arrêter tout médicament.

REMARQUE : Cette information ne vise pas à couvrir tous les usages, toutes les précautions, interactions et réactions indésirables possibles de ces médicaments. Pour toute information additionnelle ou toute question, consultez le pharmacien de l'hôpital ou communautaire.

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Appendix H: Drugs associated with increased risk of adverse events in patients with HFrEF

- Glucocorticoids - NSAIDs/COX2 Inhibitors - Class I and Class 3 Antiarrhythmics (Sotalol, Ibutalide and Dronedarone) - Alpha Blockers (ie. Terazosin, Doxazosin) - Non-Dihydropyridine Calcium Channel Blockers (Verapamil, Diltiazem) - Minoxidil - Thiazolidinediones (Rosiglitazone, Pioglitazone) - Dipeptidyl Peptidase-4 Inhibitors (Saxagliptin, Alogliptin) - Metformin (use caution in heart failure – increased risk for lactic acidosis especially with renal dysfunction or liver dysfunction) - Pregabalin - Clozapine - Ergot alkaloids - Carbamazepine	- Tricyclic Antidepressants - Certain Antineoplastic Agents (ie. Anthracyclines, Cyclophosphamide, Trastuzumab, Tyrosine Kinase Inhibitors) - Tumour Necrosis Factor Antagonists (ie. Infliximab, Etanercept) - Trimethoprim-Sulfamethoxazole (increased hyperkalemia risk with ACEi, ARB, MRA) - Itraconazole - Licorice - Sodium-Containing Preparations (eg, Fleet PhosPho soda, Effervescent Products) - QT-Prolonging Drugs - Anagrelide - Cilostazol - Amphetamines - Decongestants - Constipation Medications taken with a large amount of water such as Bulk Forming Agents (ie. Metamucil)

** List is not inclusive of all medications that have the potential to cause or worsen heart failure

Appendix I: Restricting Fluid

Restricting Fluid

nutrition
it's about balance

You have been asked to limit the amount of fluid you consume every day. You can still have fluids that you enjoy, but now you need to keep track of the amount you consume. Sudden weight gain can be a sign of fluid retention (edema), this could happen as quickly as overnight. Weight gain from fat or muscle happens slowly, over weeks or months. Weigh yourself at the same time every morning and notify your health care team if your weight is suddenly increasing (3 or more pounds in a day or 5 or more pounds or more in a week).

How much fluid can I have each day?

Limit fluid to no more than _____ cups or _____ mL every day (24 hours).

Which foods and drinks do I count as part of my fluid intake?

You need to keep track of any food that is liquid at room temperature. Circle any food or drinks in the lists below that you consume.

Drinks:

- Water
- Milk, coffee creamers
- Milkshakes, smoothies
- Juice, crystal drinks, pop, slushes, sport drinks
- Coffee, tea, latte, hot chocolate
- Soy and rice beverage
- Alcoholic drinks (hard liquor, beer, wine)
- Liquid nutritional supplements.
- Any drink thickened to help with swallowing problems

Foods that count as fluid:

Half a cup (125 mL) of the foods below is the same as a half cup of fluid.

- Ice cream
- Jello
- Popsicle
- Canned fruit syrup or juice
- Sherbet
- Soups/broth
- Sauces/ gravies

- Ice counts as fluid. Melt one ice cube from your freezer and measure the melted fluid. Most ice cubes are 1-2 Tbsp. (15-30 mL) of fluid. When crushed, 1 cup (250 mL) of ice equals about 2/3 cup (150 mL) of fluid.

How can I avoid drinking too much fluid?

- Sip fluids slowly & drink only when thirsty.
- Take pills with yogurt or applesauce instead of water.
- Drink from a frosted glass or use reusable ice cubes instead of ice.

Tips for when your mouth is dry:

- Suck on hard, sour, sugar-free candies, or chew gum.
- Chew on frozen fruits (such as grapes, strawberries, peaches, pineapple etc.).
- Ask your doctor or pharmacist for products that help with dry mouth.

How do I keep track of the fluid that I eat or drink?

Write down (track) how much fluid you drink each day. Bring your fluid tracking record to your next doctor or dietitian visit to discuss how your fluid restriction is working.

Tracking your fluid:

One example of how to track your fluids:

1. Pour water, equal to the amount of fluid you are allowed in a day, into an empty water bottle. Mark the bottle and empty the bottle.
2. Every time you consume fluids, **add the same amount of water to the empty bottle you marked.** Stop consuming fluids when the bottle is filled to the line.

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Appendix J: Restricting Sodium

nutrition
it's about balance

Restricting Sodium (2000 milligrams per day)

Sodium is a mineral found in foods, table salt and sea salt. A healthy adult needs 1500mg sodium daily and no more than 2300mg daily. Eating too much sodium can cause your body to hold on to extra fluid, this fluid build-up makes your heart work harder. The fluid build-up can cause swelling in your feet, legs or abdomen and can cause fluid to back up in your lungs, making it hard to breathe.

You should restrict the amount of sodium you eat to 2000mg or less each day, which is less than 1 teaspoon (tsp) of salt.

Tips to lower the sodium (salt) you eat:

- Cook and eat food without adding salt
  -1tsp of salt contains 2300mg sodium!
- Eat fresh foods often and prepare home-cooked, low sodium meals.
  - About 75% of the sodium we eat is "hidden" in processed, preserved and commercially prepared foods.
- Frozen foods are acceptable if they do not have added salt or sodium additives (which are preservatives).
- Flavor your foods with herbs, spices, garlic, onion, lemon juice, and sodium-free seasonings.
- Eat less foods that are higher in sodium:
  - Processed and packaged foods
  - Deli meats, smoked meats
  - Restaurant and fast foods
  - Canned and dry soup
  - Pickles, olives, salsa
  - Crackers, snack foods (chips, pretzels, salted nuts), dips and salsa
  - Condiments such as: ketchup, mustard, soy, oyster or fish sauce, barbecue sauce, teriyaki sauce

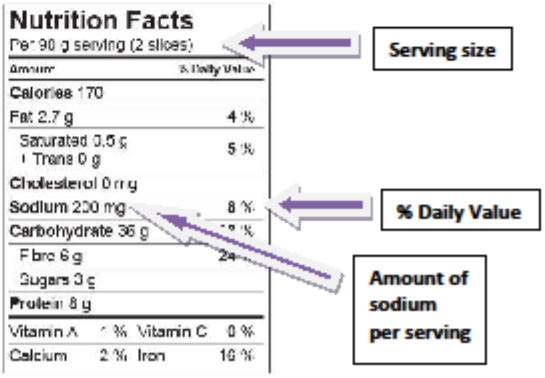
Remember: As you decrease your salt intake, your taste buds will adjust!

Reading food labels:

Read food labels to help you cut down on the sodium you eat.

On the Nutrition Facts Table:

- Compare the serving size to the amount you eat.
- Look for foods labelled "low sodium" or "no salt added", as these contain 140mg or less per serving.
- Foods with 400mg or more of sodium per serving is very high, 200-400mg requires caution, and 0-200mg is acceptable.
- Keep the sodium content of each meal below 650mg to help spread out your sodium intake over the day. Or allow 500mg per meal (breakfast, lunch and supper) and 500mg left for daily snacks.
- Foods are high in sodium if they have 15% or higher % Daily Value for sodium. Limit these foods.



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Resources for Managing Heart Failure

Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

(HF) 2021

Heart Failure Programs in Manitoba

TeleCARE TéléSOINS Manitoba Heart Failure is a free telephone-based Heart Failure Self-Management Program where nurses and dietitians answer questions and work with clients to create an individualized program. They provide one-to-one support, education, health monitoring, and health coaching. For more information, please call 204.788.8688 or toll free at 1.866.204.3737.

Cardiac Rehabilitation is a medically supervised 16-week education and exercise program designed to help develop the skills and confidence to lead a healthier life. A team of certified exercise and health professionals monitor, guide and support individuals in a group or one-to-one setting. Spouses and partners are encouraged to attend the educational session. There is a fee for this program; however, financial assistance may be provided based on individual need. Some extended health insurance plans will cover all or part of the fee.

For more information, please call:

- The Wellness Institute at Seven Oaks General Hospital 204.632.3907 or wellnessinstitute.ca
- Reh-Fit Centre 204.488.8023 or reh-fit.com
- Brandon Heart Program 204.578.4225
- Northern Health Region The Pas 204.627.1400

The Heart Failure Education Classes previously hosted by the Cardiac Sciences Program at St. Boniface Hospital, are now cancelled until further notice. Please watch our online class in the following link for information about Heart Failure and ways to manage your condition Heart Failure Group Teaching - YouTube For more information visit https://cardiacsciencesmb.ca/patients-visitors/clinical-areas-pathways/cardiac-clinics/heart-failure/#patient-information

The Heart Failure Support Group of Manitoba is a group formed by volunteers who are either patients with heart failure or family/caregivers. They aim to provide connections with others who have heart failure or those caring for someone with heart failure, offer reassurance, reducing feelings of isolation, and reinforce a positive and hopeful attitude. Volunteer contact information: Fern and Noella Robidoux 204.256.9878 or, Download the Registration Card PDF

General Resources for Heart Failure

Heart and Stroke Foundation: heartandstroke.ca/heart/conditions/heart-failure or call the Manitoba Regional Office at 204.949.2000 or toll free at 1.888.473.4636.

The HeartLife Foundation is national patient-led heart failure organization aimed at helping heart failure patients self-manage their condition, provide education and support for patients, families and caregivers, and advocate for access to care and innovative treatments. Go to heartlife.ca

Heart and Stroke Community of Survivors is a members-only Facebook Group of Survivors and Care Supporters:

- Survivors: share experiences, quality information and tips for life after a cardiac event or diagnosis. Find social and emotional support in a safe, inclusive and respectful community.
- Care Supporters: connect with other care supporters to share, support and lean on others who are also caring for individuals with heart conditions. Go to heartandstroke.ca/heart/recovery-and-support/the-power-of-community for more information.

Get Better Together (GBT) is a workshop designed to help Manitobans with ongoing health conditions take control of their health. Led by individuals with health issues who understand the challenges of managing symptoms, medications and health care needs. Times, Manitoba locations and online programs can be found at wellnessinstitute.ca/gbt or call 204.632.3900.

WRHA Indigenous Health Patient Services for Indigenous people receiving medical care in Winnipeg and Churchill. Patient Services has offices at Health Sciences Centre, St. Boniface Hospital, Seven Oaks General Hospital, Grace Hospital and Concordia Hospital, and also has a mobile team that travels to other locations. Indigenous Health offers:

- Language Interpretation
- Resource Coordination
- Discharge Planning & Coordination
- Advocacy (WRHA hospital and community programs)
- Spiritual/Cultural Care

Indigenous Health also collaborates with Assembly of Manitoba Chiefs Patient Advocate Unit for First Nations individuals requiring assistance with medical relocation. For more information call 204.940.8880, 1.877.940.8880, or go to wrha.mb.ca/aboriginalhealth

Mental Well-being — information available at:

1. Mental Health Resources Guide for Winnipeg mbwpg.cmha.ca/resources/mental-health-resource-guide-for-winnipeg
2. Anxiety Disorders Association of Manitoba adam.mb.ca or 204.925.0600
3. Mood Disorders Association of Manitoba mooddisordersmanitoba.ca or 204.786.0987
4. Positive Coping with Health Conditions—A Self-Care Workbook psychhealthandsafety.org/pcwhc
5. Locally developed Phone App: Calm in the Storm (developed by Klinic) calminthestormapp.com
6. Mindfulness Phone App stopbreathethink.com/meditations

Nutrition

1. Craving Change – a 3-session group program to better understand your eating patterns and change your relationship with food wrha.mb.ca/groups
2. Dial-A-Dietitian – free access to a registered dietitian for nutrition questions, healthy living information and links to community dietitians at 204.788.8248.
3. Eating for Health—is part of the Heart Health Series and explores how healthy eating relates to health. Learn about facts, processed foods, salt and fiber, and how to make simple changes to your eating. wrha.mb.ca/groups

Quitting Smoking

1. Commit to Quit is a 5-week program for people planning to quit using tobacco. Participants learn about support techniques and aids, including smoking cessation medications. Learn strategies to stay tobacco-free long term. Visit wrha.mb.ca/groups
2. Smokers' Helpline for help and information on quitting smoking and tobacco use call 1.877.513.5333 or visit smokershelpline.ca/static/about-smokers-helpline
3. General Tobacco Reduction Resources is available at:
   - Winnipeg Regional Health Authority's website at wrha.mb.ca/public-health/service/tobacco-reduction/
   - Manitoba Lung Association 204.774.5501, toll free 1.888.262.5865; mb.lung.ca
   - Manitoba Tobacco Reduction Alliance, Inc. (MANTRA), 204.784.7030 mantrainc.ca

Note: tobacco reduction aids may be covered through Pharmacare and some group insurance plans; CancerCare for some cancer patients, and Status Indians and Inuk through NIHB.

Exercise

Please check with your health care provider before embarking on an activity program.

1. "Activity" section of Living with Heart Failure, Heart and Stroke Foundation.
2. Keeping the Beat with Physiotherapy Videos: Heart Failure Edition: Keeping The Beat With Physiotherapy Heart Failure Edition ENGLISH - YouTube and Keeping The Beat With Physiotherapy Heart Failure Edition FRENCH - YouTube
3. City of Winnipeg Leisure Guide Programs may be free or have a small fee attached to them. Lower income individuals may be eligible for a waiver of facility access and courses.

Other

1. Winnipeg Transit Plus (Handi-Transit) at winnipegtransit.com/assets/189/handi-transit_application_dec_8-09.pdf or call 204.986.5722.

For more information about Heart Health and Other Programs, please check out the WRHA Health Management Group Program Guide at wrha.mb.ca/groups

Appendix L: List of Nursing Station and Health Clinics

FIRST NATIONS - MANITOBA REGION

Updated March 16, 2016

BEREN'S RIVER Nursing Station (266) **Phone: (204) 382-2265** **Fax: (204) 382-2005**

Berens River R0B 0A0

Transportation Clerk: Dolores

Nurse In Charge: Frances/Angela

Band Office: (204) 382-2161 Fax: (204) 382-2297

Chief: Janet Everette

Councillors: Glen Boulanger Stanford Boulanger Gerald Kemp George Green Hartley Everett

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BIRDTAIL SIOUX Health Center (284) **Phone: (204) 568-4545** **Fax: (204) 568- 4615**

P.O. Box 22, Beulah R0M 0B0

Transportation Clerk: Mike

Nurse In Charge Robin

Band Office: (204) 568-4540 Fax: (204) 568-4687

Chief: Kenneth Chalmers

Councillors: Carson Benn Laverne Benn Yvonne Bearbull Heath Bunn

---

BLOODVEIN Nursing Station (267) **Phone: (204) 395-2161** **Fax: (204) 395-2087**

Bloodvein R0C 0J0

Transportation Clerk: Agnes

Nurse In Charge: Lionel Durisseau

Band Office: (204) 395-2148 or (204) 395-2012 (school) Fax: (204) 395-2099

Chief: Roland J Hamilton

Councillors: Stella Keller Lorraine Cook Ellen (Sky) Young Oswald Turtle

BROCHET Nursing Station (308) **Phone: (204) 323-2120** **Fax: (204) 323-2650**

(Barren Lands)

P.O. Box 40

Brochet R0B 0B0

Transportation Clerk Sandra

Nurse In Charge: Veronica Benoit

Band Office: (204) 323-2300 Fax: (204) 323-2275

Chief: Delaphine Bighetty

Councillors: Roy Bighetty Sr Robert Merasty Billy Linklater Sr

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BROKENHEAD Health Center (261) **Phone: (204) 766-2740** **Fax: (204) 766-2634**

Scanterbury R0E 1W0

Transportation Clerk: Jessica Straightbear

Nurse In Charge: Dan Wiebe

Home care Worker: Kathy Monkman

Band Office: (204) 766-2494 Fax: (204) 766-2306

Chief: Deborah Chief

Councillors: Allan (Sam) Hocaluk Paul Chief Remi Olson Winston Desjarlais

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BUFFALO POINT Health Center (265) **Phone: (204) 437-2133** **Fax: (204) 437-2368**

Box 1037, Buffalo Point R0A 2W0

Transportation Clerk: N/A

Band Office: (204) 437-2133 Fax: (204) 437-2368

Chief: John Thunder

Councillors: Herman Green James Thunder

CHEMAWAWIN Health Center (309) **Phone: (204) 329-2212** **Fax: (204) 329-2337**

(Easterville)

P.O. Box 9 Easterville R0C 0V0

Transportation Clerk: Stella or Janet (204) 329-2800

Band Office: (204) 329-2161 Fax: (204) 329-2017

Chief: Clarence Easter

Councillors: Shirley Walker Frederick Ledoux Albert Packo Floyd George Richard Bourassa

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CRANE RIVER Health Center (279) **Phone: (204) 732-2076** **Fax: (204) 732-2422**

O-Chi-Chak-Ko-Sipi

Crane River R0L 0M0

Transportation Clerk: Margaret McDonald

Nurse In Charge: Kathy Wilkinson

Band Office: (204) 732-2490 Fax: (204) 732-2596

Chief: Hazel Moar

Councillors: Eileen McDonald Patrick Mckay Ronald Moar

CREE NATION TRIBAL HEALTH **Phone: (204) 627-1500** **Fax: (204) 623-7809**

Box 509, The Pas R9A 1K6

Transportation Clerk: Diane/Grace (204) 627-1503

CROSS LAKE Nursing Station (276) **Phone: (204) 676-2011** **Fax: (204) 676-2055**

P.O. Box 10 Cross Lake R0B 0J0

Transportation Clerk: Winnipeg Travel - Celine Monias 204-676-2903

Thompson Travel - Pauline Ross 204-676-2814

Nurse In Charge: Rhonda / Ella Scribe

Band Office: (204) 676-2218 Fax: (204) 676-2117

Chief: Garrison Settee

Councillors: Zacheus Trout John A Thomas Donald Z Mckay Eugenie Mercredi Allen J Ross

Shirley A Robinson Ronnie Beardy Esther Grace Ross

DAKOTA PLAINS Health Center (288) **Phone: (204) 252-2830** **Fax: (204) 252-2111**

Dakota Plains R0H 0G0

Transportation Clerk: Annabelle Smoke

Nurse In Charge: Donna Cousin

Band Office: (204) 252-3636 Fax: (204) 252-3637

Chief: Orville Smoke

Councillors: Calvin Chaske Leslie Smoke Stewart Smoke

DAKOTA TIPI Health Center (295) **Phone: (204) 857-9715** **Fax: (204) 857-9855**

1090 Dakota Drive, Dakota Tipi R1N 3X6

Transportation Clerk: Melanie Pashe

Band Office: (204) 857-4381 Fax: (204) 857-9855

Chief: Cornell Pashe

Councillors: Darryl Taylor Juanita Prince-Miller Keith Pashe

DAUPHIN RIVER Health Center (316) **Phone: (204) 659-5370** **Fax: (204) 659-2109**

Box 129, Gypsumville R0C 1J0

Nurse In Charge: Tyla Turman

Band Office: (204) 659-5370 Fax: (204) 659-4458

Chief: Emery Stagg

Councillors: Harold Anderson John Stagg Marilyn Halchuk

EBB & FLOW Health Center (280) **Phone: (204) 448-3000** **Fax: (204) 448-3048**

Ebb & Flow R0L 0R0

Transportation Clerk: Karen Hunter or Pearl

Nurse In Charge: Robin Finney

Band Office: (204) 448-2134 Fax: (204) 448-2305

Chief: Nelson Houle

Councillors: Darren Mousseau Wayne Desjarlais Darrell Mousseau Dwayne Spence

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FAIRFORD Health Center (272) **Phone: (204) 659-5786** **Fax: (204) 659-5841**

Pinaymootang

Fairford R0C 0X0

Transportation Clerk: Gertie

Band Office: (204) 659-5705 Fax: (204) 659-2068

Chief: Garnet Woodhouse

Councillors: Ted Woodhouse Brian Sanderson Barry Anderson John G. Sanderson

Andrew Anderson Sr Norman Woodhouse

FISHER RIVER Health Center (264) **Phone: (204) 645-2689** **Fax: (204) 645-2461**

P.O. Box 367, Koostatak R0C 1S0

Transportation Clerk: Arlene Murdoch

Nurse In Charge: Caroline Bercier

Band Office: (204) 645-2171 Fax: (204) 645-2745

Chief: David Crate

Councillors: Dion Mckay Darrell Thaddeus Carl Cochrane Vincent Crate

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FORT ALEXANDER Health Center (262) **Phone: (204) 367-2208** **Fax: (204) 367-4587**

Sagkeeng

P.O. Box 3, Fort Alexander R0E 0P0

Transportation Clerk: Henry Guimond Ext#226

Band Office: (204) 367-2287 Fax: (204) 367-4315

Chief: Donovan Fontaine

Councillors: Lyle Morrisseau Roland Swampy John Courchene Derrick Henderson

---

FOX LAKE Health Center (305) **Phone: (204) 486-2463** **Fax: (204) 486-2503**

Fox Lake R0B 0L0

Transportation Clerk: Marie Henderson / Jessie

Band Office: (204) 486-2463 Fax: (204) 486-2503

Chief: Shirley Neepin

Councillors: Clara Beardy Andrew Wavey

GAMBLERS Health Center (294) **Phone: (204) 532-2192** **Fax: (204) 532-2395**

Box 87

Binscarth R0J 0G0

Transportation Clerk: Charlene

Nurse In Charge: Gwen Gillam

Band Office: (204) 532-2464 Fax: (204) 532-2495

Chief: Gordon Ledoux

Councillors: Roy Vermette Ronnie Ducharme

GARDEN HILL Nursing Station (297) **Phone: (204) 456-2343** **Fax: (204) 456-2866**

Garden Hill R0B 0T0

Transportation Clerk: Debbie /Linda (204) 456-9352

Nurse In Charge: Ivan Spence

Band Office: (204) 456-2085 Fax: (204) 456-9315

Chief: Dino Flett Vice-Chief: Wayne Harper

Councillors: William T Flett Jack Kenneth Harper Russell Harper Bobby Monias

Audrey Monias Marvin Little Elvis Wood Victor Little Charles Knott

GOD'S LAKE Nursing Station (296) **Phone: (204) 335-2557** **Fax: (204) 335-2043**

God's Lake Narrows R0B 0M0

Transportation Clerk: Pat Nazzie (Farrah Nazzie on 1 Year Leave)

Nurse In Charge: Francis Macklin

Band Office: (204) 335-2130 Fax: (204) 335-2400

Chief: Peter H Watt

Councillors: Sydney J Spence Stanley M Duck Henry Nazzie Ella Tootsie Zettergren

Leona K Trout H. Hubert Watt

GOD'S RIVER Nursing Station (302) **Phone: (204) 366-2355** **Fax: (204) 366-2474**

Manto Sipi Cree Nation

God's River R0B 0N0

Transportation Clerk:

Nurse In Charge: Angie Spence-Bedard

Band Office: (204) 366-2011 Fax: (204) 366-2282

Chief: Michael Yellowback

Councillors: Louise Ross Okemow Daniel Ross John L. Yellowback Rebecca Yellowback

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GRAND RAPIDS Nursing Station (310) **Phone: (204) 639-2215** **Fax: (204) 639-2448**

Grand Rapids R0C 1E0

Transportation Clerk: Connie Young (204) 639-2417

Nurse In Charge: Lisa Ballantyne

Band Office: (204) 639-2219 Fax: (204) 639-2503

Chief: Ovide Mercredi

Councillors: Kenneth George Cook William Ferland Ronald Ballantyne

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HOLLOW WATER Health Center (263) **Phone: (204) 363-7364** **Fax: (204) 363-7201**

Adam Hardisty

Wanipigow R0E 2E0

Transportation Clerk: Michelle Bushie

Band Office: (204) 363-7278 Fax: (204) 363-7418

Chief: Larry Barker

Councillors: Furlon Barker Denelle S Bushie Geoffrey Bushie Henry Moneas Jr

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INDIAN BIRCH Health Center (324) **Phone: (204) 236-4894** **Fax: (204) 236-4836**

Wuskwi Sipihk

P.O. Box 220, Birch River R0L 0E0

Transportation Clerk: Dreama Stevens

Nurse In Charge: Wanda Beaudry

Band Office: (204) 236-4201 Fax: (204) 236-4786

Chief: Derek Audy

Councillors: Francis Stevens Nathan Kematch Lori O'Neill

JACKHEAD Health Center (268) **Phone: (204) 394-2220** **Fax: (204) 394-2194**

Kinonjeoshtegon

Box 359, Hodgson R0C 1N0

Transportation Clerk: Laverne Traverse

Band Office: (204) 394-2255 Fax: (204) 394-2305

Chief: David Traverse

Councillors: Renee Traverse Tony Traverse Hubert Felix Jr Melanie Marsden

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KEESEEKOOWENIN Health Center (286) **Phone: (204) 625-2043** **Fax: (204) 625-2171**

Box 130, Elphinstone R0J 0N0

Transportation Clerk: Ron

Nurse In Charge: Donna Auger

Band Office: (204) 625-2004 Fax: (204) 625-2019

Chief: Norman Bone

Councillors: Arnold Bone Barry Bone Holly Williams Marjorie Blackbird

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LAC BROCHET Nursing Station (317) **Phone: (204) 337-2161** **Fax: (204) 337-2143**

Northlands

Lac Brochet R0B 2E0

Transportation Clerk: Adele

Nurse In Charge: Christine Carpenter

Band Office: (204) 337-2270 Fax: (204) 337-2055

Chief: Joe Antsanen

Councillors: Donna Enekwinnare Lena Sha'Ouille Modeste Antsanen Joe Danttouze Debbie Farrow

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LAKE MANITOBA Health Center (271) **Phone: (204) 768-2304** **Fax: (204) 768-2791**

Vogar R0C 3C0

Transportation Clerk: Melanie Swan

Nurse In Charge: Delphine Rundell

Band Office: (204) 768-3492 Fax: (204) 768-3036

Chief: Cornell McLean

Councillors: Cornell McLean Florence Mclean Kevin Swan Noelle Swan

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LAKE ST. MARTIN Health Center (275) **Phone: (204) 948-1158** **Fax: (204) 659-5846**

Box 69, Gypsumville R0C 1J0

Transportation Clerk: Ruby Traverse 204-948-1169

Band Office: (204) 659-4539 Fax: (204) 659-2034

Chief: Adrian Sinclair

Councillor: Bradley Beardy John Ross Gregory Traverse Kevin Traverse Mervin Sinclair

Emery Stagg

LITTLE BLACK RIVER Health Center (260) **Phone: (204) 367-8089** **Fax: (204) 367-4188**

O'Hanley R0E 1K0

Transportation Clerk: Anthony

Nurse In Charge: Laurie Chartier

Band Office: (204) 367-4411 Fax: (204) 367-2000

Chief: Sheldon Kent

Councillors: Rhonda Abraham Jonas Peebles Farley Bird Sr

LITTLE GRAND RAPIDS Nursing Station (270) **Phone: (204) 397-2115 Fax: (204) 397-2016**

Little Grand Rapids R0B 0V0

Transportation Clerk: Sarina

Nurse In Charge: Jeff Hiltz

Band Office: (204) 397-2264 Fax: (204) 397-2340

Chief: Martin Owens

Councillors: Hilda Crow Diane Keeper Howard Leveque Robert Leveque Wendy Keeper Deon Lam

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LITTLE SASKATCHEWAN Health Center (274) **Phone: (204) 659-5278 Fax: (204) 659-5782**

St. Martin, MB R0C 2T0

Transportation Clerk: Leroy Thompson

Nurse In Charge: Melissa Spence

Band Office: (204) 659-4584 Fax: (204) 659-2071

Chief: Gerald Anderson

Councillors: Albert Shorting Lucy Rosalind Pruden Muriel Woodford Leroy Thompson

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LONG PLAIN Health Center (287) **Phone: (204) 252-2369** **Fax: (204) 252-2898**

P.O. Box 430, Portage La Prairie R1N 3B7

Transportation Clerk: Margaret Meeches (204) 252-2553

Nurse In Charge: Jamie Peltier

Band Office: (204) 252-2731 Fax: (204) 252-2012

Chief: David Meeches

Councillors: Ruth Roulette George Assiniboine George Meeches Marvin Daniels

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MARCEL COLOMB First Nation (328)

P.O. Box 1150 Lynn Lake R0B 0W0

Band Office: (204) 356-2439 Fax: (204) 356-2330

Chief: Andrew Henry Colomb

Councillors: Houston Hart Priscilla Colomb

MOOSE LAKE Health Center (312) Phone: (204) 678-2252 Fax: (204) 678-2072

Mosakahiken

Moose Lake R0B 0Y0

Transportation Clerk: Elaine (204) 678-2064 and (204) 678-2150

Nurse In Charge: Anne Flett

Band Office: (204) 678-2113 Fax: (204) 678-2292

Chief: Philip Buck

Councillors: Bernard Ballantyne James Buck Johnny Mercredi Sr Jason Sanderson Jerry Ron Campbell Joey Martin

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NELSON HOUSE Nursing Station (313) Phone: (204) 484-2031 Fax: (204) 484-2284

Nisichawayasihk Cree Nation

Nelson House R0B 1 A0

Transportation Clerk: Bella

Nurse In Charge: Frances / Alice McIvor

Band Office: (204) 484-2332 Fax: (204) 484-2392

Chief: Marcel Moody (204) 484-2332

Councillors: Shirley Linklater Willie Moore Ron David Spence Pat Linklater Joe Moose

Bonnie Linklater Sr

NORWAY HOUSE Health Center (278) **Phone: (204) 359-8234** **Fax: (204) 359-4316**

Norway House R0B 1B0

Transportation Clerk: Daphne (204) 359-4245 Med Trans Fax (204) 359-6871/6161

Nurse In Charge: Diane Poker

Band Office: (204) 359-6786 Fax: (204) 359-4186

Chief: Eric Apetagon

Councillors: Brian J Cromarty Dennis Day Clarence Paupanekis Nick Saunders

Florence Duncan Darlene Osborne

OAK LAKE Health Center (289) **Phone: (204) 854-2990** **Fax: (204) 854-2221**

Canupawakpa Dakota First Nation

Box 146, Pipestone R0M 1T0

Transportation Clerk: Jennifer or Pam

Nurse In Charge: Karen Perch-Anderson

Band Office: (204) 854-2959 Fax: (204) 854-2525

Chief: Frank Brown

Councillors: Brendan Eastman Mervin Demas Sr Maurice Glen Brown Viola Eastman

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OPASKWAYAK CREE NATION (315) **Phone: (204) 627-7100** **Fax: 623-5623**

P.O. Box 10880

Opaskwayak, MB R0B 2J0

Transportation Clerk: Rhonda Norman (204) 627-7465

Band Office: (204) 627-7100 Fax: (204) 623-5263

Chief: Michael G Constant

Councillors: Mike Bignell Clarence Constant Nathan Mcgillvary Danny Young Mike Jebb

Philip Dorion Edwin Francis Jebb John Paul Martin Garth Flett Amanda Gail Lathlin

William J Lathlin Bernice Genaille-Young

OTINEKA HEALTH CENTER **Phone: (204) 627-7025** **Fax: (204) 623-5496**

P.O. Box 10280

Opaskwayak R0B 2J0

OXFORD HOUSE Nursing Station (301) **Phone: (204) 538-2347** **Fax: (204) 538-2445**

Bunibonibee Cree Nation

Oxford House R0B 1C0

Transportation Clerk: Helen Weenusk

Nurse In charge: Maggie Colon

Band Office: (204) 538-2156 Fax: (204) 538-2220

Chief: Irvin Richard Sinclair

Councillors: Louise Ann Munroe Alpheus Thomas Hart Paul Brian Weenusk Peter Andrew Bradburn

Richard Brian Hart Forbes James Weenusk

PAUINGASSI Nursing Station (327) **Phone: (204) 397-2395** **Fax: (204) 397-2104**

Pauingassi R0B 2G0

Transportation Clerk: Suzanne / Valerie

Nurse In Charge: Joe Tyson (Robyn Ruff is A/NIC)

Band Office: (204) 397-2371 Fax: (204) 397-2145

Chief: Harold Crow (204) 397-2371

Councillors: Moses Owens Nelson Owen James W Owens

PEGUIS Health Center (269) **Phone: (204) 645-2169** **Fax: (204) 645-2874**

Box 238, Hodgson R0C 1N0

Transportation Clerk: Terry Wilson

Band Office: (204) 645-2359 Fax: (204) 645-2360

Chief: Glenn A Hudson Jr

Councillors: Darlene Debra Bird Mary Tyler Bear (Sutherland) Louis J Stevenson Mike Sutherland

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PINE CREEK Health Center (282) **Phone: (204) 524-3000** **Fax: (204) 524-3010**

Box 70, Camperville R0L 0J0

Transportation Clerk: Candace Mekish

Nurse In Charge: Vanessa Flatfoot

Band Office: (204) 524-2478 Fax: (204) 524-2801

Chief: Derek Nepinak

Councillors: Charle Willie Boucher Sylvia Chartrand Joe Mckay Jr Nancy Mckay

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POPLAR RIVER Nursing Station (277) **Phone: (204) 244-2102** **Fax: (204) 244-2001**

Poplar River R0B 0Z0

Transportation Clerk: Victoria

Nurse In Charge: Claudette Harris

Band Office: (204) 244-2267 Fax: (204) 244-2690

Chief: Clifford William Bruce

Councillors: Guy Douglas Irvin Peter Franklin Frederick Mitchell James Mitchell Emile Mason Langford Wayne Mason

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PUKATAWAGAN Nursing Station (311) **Phone: (204) 553-2271** **Fax: (204) 553-2241**

Mathias Colomb

Pukatawagan R0B 1G0

Transportation Clerk: Louise

Nurse In Charge: Wanda

Band Office: (204) 553-2090 Fax: (204) 553-2419

Chief: Arlen Dumas

Councillors: Gordon Bear Brian Bighetty Thelma Nice Valerie Whyte Ralph Caribou Jimmy Colomb Sr Darrel Linklater Kelly Linklater Frank Dumas Hanson Dumas

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RED SUCKER LAKE Nursing Station (300) Phone: (204) 469-5321 Fax: (204) 469-5769

Red Sucker Lake R0B 1H0

Transportation Clerk: Linda

Nurse In Charge: Wanda Lints

Band Office: (204) 469-5041 Fax: (204) 469-5966

Chief: Larry Knott

Councillors: George Harper Lester Harper Goliath Harper Deborah Harper Leslie Harper

Wilfred Little

ROLLING RIVER Health Center (291) Phone: (204) 636-2989 Fax: (204) 636-2307

Box 246, Erikson R0J 0P0

Transportation Clerk: Pauline Vespermine

Nurse In Charge: Eva Whitebird

Band Office: (204) 636-2211 Fax: (204) 636-7823

Chief: Wilfred C Mckay Jr

Councillors: Ivan Amyotte Gil Shorting Brenton Wilson

ROSEAU RIVER Health Center (273) Phone: (204) 427-2384 Fax: (204) 427-2484

Box 30, Ginew R0A 2R0

Transportation Clerk: Marcel

Nurse In Charge: Joanne

Band Office: (204) 427-2312 Fax: (204) 427-2584

Chief: Terrance Nelson

Councillors: Keith Henry Michael Littlejohn Gary Roberts Evelyn Patrick

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SANDY BAY Health Center (283) **Phone: (204) 843-2304** **Fax: (204) 843-3088**

Marius R0H 0T0

Transportation Clerk: Loretta / Maxine

Nurse In Charge: Shirley Nesbitt

Band Office: (204) 843-2462 Fax: (204) 843-2706

Chief: Irvin Mcivor

Councillors: Lance Roulette Stanford Roulette Chris Racette Herman Richard

---

SHOAL RIVER Nursing Station (314) **Phone: (204) 587-2058** **Fax: (204) 587-2103**

Sapotaweyak Cree Nation

Shoal River R0L 1L0

Transportation Clerk: Cecil Kematch / Erica Leask or Shiela

Nurse In Charge: Susan Campbell

Band Office: (204) 587-2012 Fax: (204) 587-2072

Chief: Nelson M Genaille

Councillors: Reynold Wayne Cook Augustus James Chartrand Wilfred George Cook

Lorraine Beatrice Brass Mary Lou Leask

SHAMATTAWA Nursing Station (307) **Phone: (204) 565-2370** **Fax: (204) 565-2243**

Shamattawa R0B 1K0

Transportation Clerk: Monica

Nurse In Charge:

Band Office: (204) 565-2340 Fax: (204) 565-2720

Chief: Jeffrey Napoakesik

Councillors: Stanley Redhead Roy Miles Liberty Redhead Douglas Neepin

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SIOUX VALLEY Health Center (290) **Phone: (204) 855-2690** **Fax: (204) 855-2833**

Box 199, Griswold R0M 0S0

Transportation Clerk: Nicole / Valerie

Nurse In Charge: Della Mansoff

Band Office: (204) 855-2671 Fax: (204) 855-2436

Chief: Vincent Tacan

Councillors: Anthony D Tacan Ivan Ironman Neil Wanbdiska Jennifer Bone Shane Jarod Taylor

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SOUTH INDIAN LAKE Nursing Station (318) **Phone: (204) 374-2013** **Fax: (204) 374-2039**

O-PIPON-NA-PIWIN

South Indian Lake R0B 1N0

Transportation Clerk: Amy / Delia

Nurse In Charge: Kelly Hayter

Band Office: (204) 374-2271 Fax: (204) 374-2350

Chief: Chris Baker

Councillors: Leslie Thomas Nora Spence Louis Spence Vanessa Tait

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SPLIT LAKE Nursing Station (306) **Phone: (204) 342-2033** **Fax: (204) 342-2319**

Tataskweyak Cree Nation

Split Lake R0B 1P0

Transportation Clerk: Stella

Nurse In Charge: Ron

Band Office: (204) 342-2045 Fax: (204) 342-2270

Chief: Duke Beardy

Councillors: Mary Flett Victor Flett Norman Flett Robert Garson Elijah Dick Michael Keeper

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ST. THERESA POINT Nursing Station (298) Phone: (204) 462-2473 Fax: (204) 462-2642

St. Theresa Point R0B 1J0

Transportation Clerk: Shirley Mason / Linda Mason

Community Doctor: Bonnie Woolford

Nurse In Charge: Brenda Mason

Band Office: (204) 462-2106 Fax: (204) 462-2646

Chief: David McDougall

Councillors: Edward R Flett Micahel John Harper Barry Flett Rosaire Mason Waylon Mason

Emile Harper Ernest R Mason Jennifer L Harper

SWAN LAKE Health Center (293) Phone: (204) 836-2424 Fax: (204) 836-2459

Box 207, Swan Lake R0G 2S0

Transportation Clerk: Herbie Cameron

Band Office: (204) 836-2101 Fax: (204) 836-2255

Chief: Franci Meeches

Councillors: Brian McKinney Angela Black Don Daniels

TADOULE LAKE Nursing Station (303) **Phone: (204) 684-2031** **Fax: (204) 684-2049**

Sayisi Dene

Tadoule Lake R0B 2C0

Transportation Clerk: Rubina

Nurse In Charge: Anne Batstone

Band Office: (204) 684-2022 Fax: (204) 684-2090

Chief: Jimmy Thorassie

Councillors: Tony Powderhorn Steven Thorassie Stewart Yassie

VALLEY RIVER Health Center (292) **Phone: (204) 546-3267** **Fax: (204) 546-3295**

Tootinaowaziibeeng

Shortdale R0L 1W0

Transportation Clerk: Gina McKay

Band Office: (204) 546-3334 Fax: (204) 546-3090

Chief: Dennis Cameron

Councillors: Grant Rattlesnake Aaron Grant Cloud Diane M Ironstand Beverly Flett

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WAR LAKE Health Center (323) **Phone: (204) 288-4348** **Fax: (204) 288-4371**

Ilford R0B 0S0

Transportation Clerk: Brenda

Band Office: (204) 288-4315 Fax: (204) 288-4371

Chief: Betsy Kennedy

Councillors: Raymond Spence Philip Morris

WASAGAMACK Nursing Station (299) **Phone: (204) 457-2189** **Fax: (204) 457-2348**

Wasagamack R0B 1Z0

Transportation Clerk: Martha Harper (204) 457-9585

Nurse In Charge: Elaine

Community Doctor: Dr. Wendy Smith

Band Office: (204) 457-2337 Fax: (204) 457-2255

Chief: Alex Mcdougall

Councillors: Thomas Harper Martin Glen Harper Ian Knott James Wilson Knott Violet Harper Joseph Mcdougall

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WATERHEN Health Center (281) **Phone: (204) 628-3333** **Fax: (204) 628-3357**

Skownan First Nation

Skownan R0L 1Y0

Transportation Clerk: Marcel Catcheway

Band Office: (204) 628-3373 Fax: (204) 628-3289

Chief: Cameron Catcheway

Councillors: Sterling Catcheway Joseph Maud Charlotte Nepinak

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WAYWAYSEECAPPO Health Center (285) **Phone: (204) 859-5080** **Fax: (204) 859-5089**

Box 129, Waywayseecappo R0J 1S0

Transportation Clerk: Glenda Cloud

Nurse In Charge: Arlene Griffiths

Band Office: (204) 859-2879 Fax: (204) 859-2403

Chief: Melville Wabash (204) 859-2879

Councillors: Barbara Cameron Wallace Clearsky Timothy Cloud Anthony Longclaws Lloyd Mecas

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YORK FACTORY Nursing Station (304) **Phone: (204) 341-2325** **Fax: (204) 341-2179**

York Landing R0B 2B0

Transportation Clerk: Nellie / Roberta

Nurse In Charge: Carmel Pearl

Band Office: (204) 341-2180 Fax: (204) 341-2322

Chief: Louisa Constant

Councillors: Jimmy A Beardy Phyllis Contois Roddy Ouskun Gordon Wastesicoot

Appendix M: Cross Reference of First Nation Community Names

Brochet	Barrens Land
Crane River	O-Chi-Chak-Ko-Sipi
Chemawawin	Easterville
Fairford	Pinaymootang
Fort Alexander	Sagkeeng
God's River	Manto Sipi Cree Nation
Hollow Water	Adam Hardisty
Indian Birch	Wuskwi Sipihk
Jackhead	Kinonjeoshtegon
Lac Brochet	Northalnds Band
Moose Lake	Mosakiekhen
Nelson House	Nisichawayasihk
Opaskwayak Cree Nation	The Pas
Oxford House	Bunibonibee
Oak Lake	Canupawakpa
Pukatawagan	Mathias Colomb
Shoal River	Sapotaweyak
Tadoule Lake	Sayisi Dene
The Pas	Opaskwayak Cree Nation
Valley River	Tootinaowaziibeeng
Waterhen	Skownan First Nation