

## WEIGHT CHART (for Heart Failure Patients)

It is important to weigh yourself every day. Do it first thing in the morning, after emptying your bladder, before breakfast and with minimal clothing weight. Record your weight below.

Call your doctor if you gain more than 2 lbs (1 kg) in two days or 5 lbs (2.5 kg) in one week

Month: \_\_\_\_\_

Name: \_\_\_\_\_

Target Weight: \_\_\_\_\_

Day	Weight	Comments
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2		
3		
4		
5		
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# Furosemide Oral “Sliding Scale” in Heart Failure (HF)

## Sample Dosing Ideas for Managing Otherwise Stable HF Patients <sup>1,2,3</sup>

- 1 This type of diuretic dosing self-adjustment: A) is only suitable for select patients (e.g. who are not already over-diuresed (e.g. right sided failure; liver disease with worsening cardiac output) and B) will require individualization depending especially on threshold for furosemide dose to attain diuresis and if significant renal function impairment (CrCl <30ml/min). Ideally, guidance for all dose changes would be provided by a heart failure clinic or experienced health care practitioner.
- 2 Example covers furosemide dosing but addition of daily metolazone or hydrochlorothiazide may also be more useful in some patients than furosemide dose increase.
- 3 Patients whose potassium levels tend to be low, may need to start or ↑ K+ supplementation (e.g. fruit juices, bananas; *Slow K* 8 MEq, *Micro-K* 8 MEq, *K-Dur* 20 MEq, *K-10 Solution*, *K-Lyte* 25MEq)
- 4 In general, increasing ACE inhibitor (eg. ramipril, lisinopril, enalapril) and beta blocker (eg. bisoprolol, carvedilol, metoprolol) dosages toward maximally tolerated can improve both morbidity and mortality outcomes. Reduction in diuretic (e.g. furosemide) dose in stable patients is often required to achieve these optimal doses and improve heart function and cardiac output.

Instructions regarding **adjustment of oral furosemide dosing for changes in dry weight or symptoms** (e.g. breathlessness or increasing edema) reflecting a change in fluid status or possible precipitation of acute HF.

**Note:** A little edema may actually be a good thing as this is a buffer between dry weight and fluid overload! <sup>4</sup>

**Caution:** Furosemide is not to be over used for managing slight swelling of the ankles & legs. <sup>4</sup>

### If **WEIGHT INCREASES** more than 1 kg (or 2 lbs) over 2 days (or 2.5kg over 5 days)...

⇒ evaluate for **PRECIPITATING FACTORS:**

{e.g. overindulgence in SALTY foods, herbs (e.g. alfalfa, dandelion, ginseng, hawthorn, nettle), use of NSAIDS (such as ibuprofen <sup>OTC or Rx</sup>, celecoxib, etc.), other drug causes (new drug or new drug dosage; CCBs such as verapamil, diltiazem, nifedipine) or inter-current illness (pneumonia, anemia etc.)}

**If not currently taking daily furosemide:** Start furosemide 20 - 40mg once daily in the morning.

{Some HF patients may only need occasional short-term furosemide treatment for acute exacerbations.}

**If already on furosemide:** increase each dose of furosemide by an additional 20 - 40mg.

e.g. If on 20mg daily, ↑ to 40mg daily (or 20mg twice daily).  
If on 40mg daily, ↑ to 80mg daily (or 40mg twice daily).

If on 20mg twice daily, ↑ to 40mg twice daily.  
If on 40mg twice daily, ↑ to 80mg twice daily. } (at breakfast & noon).

{Twice daily administration provides extra benefit for some HF patients.}

**Reassess fluid status in 2-3 days.** May need to **consider potassium status & possible need for supplements or renal panel** e.g. Na+, K+, SCr after 2-3 days. <sup>3</sup>

**If dry weight not achieved or symptoms not subsided.**  
⇒ Increase each dose of furosemide by 40mg for the next 2-3 days. Then Reassess.

e.g. If on 40mg daily, ↑ to 80mg daily (or 40mg twice daily).  
If on 80mg daily, ↑ to 120mg daily (or 80mg in am & 40mg at noon).  
If on 40mg twice daily, ↑ to 80mg twice daily  
If on 80mg twice daily, ↑ to 120mg twice daily.

**If dry weight not achieved or symptoms not subsided,** seek further physician assessment and advice. Need for hospital admission should be assessed.

**If dry weight achieved & symptoms subsided.**  
⇒ consider return to original furosemide dose.

**However if there are ≥ 2 episodes of fluid overload in a 3 week period, consider a permanent increase in furosemide dose until overall drug therapy can be reassessed by physician/specialist.** <sup>4</sup>

### If **WEIGHT DECREASES** by ≥ 1 kg (2 lbs) over 2 days, or ≥ 2.5kg (5 lbs) over 5 days...

⇒ consider decreasing furosemide dose in 20-40mg steps every 2-3 days until weight stable (at dry weight). <sup>4</sup>  
{If on K+ supplement, reassess K+ status / possible dose reduction.}

**Note:** dizziness and thirst may also reflect dehydration and need for furosemide dose reduction.

{Occasionally, physician assessment of sodium, potassium, SCr & BUN lab tests may be useful in further assessing fluid status.}

**Dry weight** refers to ideal body weight, or weight without extra water accumulation / edema. Often done 1<sup>st</sup> thing in the morning, in the nude, after emptying bladder, before or after bathing.

**Some ankle edema** at the end of the day is normal. It may respond to putting feet/legs up (e.g. reclining or lying down). This can be useful to do 30-60 minutes before bedtime if night-time shortness of breath. Compression stockings may be helpful in some, however are contraindicated in symptomatic HF.