

CONFERENCE ABSTRACT

Subcutaneous infusión of furosemide administered by elastomeric pumps for decompensated heart failure treatment after discharge. Coordination between Cardiology, Comunity nurses and telecare data.

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Managing Heart Failure (HF) consumes more than 1% of the healthcare budget and two-thirds of this expenditure is due to hospitalizations. Diuretics are the main treatment and furosemide is the most commonly used drug. The need for intravenous infusión often involving hospitalization, even though subcutaneous administration is available. Elastomeric infusion pumps are nonelectric, disposable, continuous-flow pumps that are widely used in outpatient setting. This implantation route is accessible in 100% of patients, presents no technical difficulties, and is not painful; the device is simple and comfortable to transport, facilitates toileting, and allows patient mobility.

All patients included (14) were in an advanced functional class (IV) at baseline, past six months they had three or more admissions, serious comorbidities or did not hinder the response to oral treatment. Paliative care and quality of live improvement is treatment objeive.

The daily furosemide dose was calculated at the discretion of the prescribing physician (telecare data) if dosage changes were comunicated by phone. At least twice per week, comunity nurses have the opportunity to reach vulnerable and frail patients who might not be able to come to a heart failure clinic. Special telecare devices collect on and transmit weight, blood pressure, heart rate, transcutaneous O2 saturations and clinical questionnaire. Everyday was possible to know patient situation. The effectiveness of treatment was assessed by weight loss and clinical questionnaire. "End of treatment" was achieved when functional class improved or dry weight was maintained without parenteral diuretic therapy.

The average time of treatment was 90 days, The typical initial infusion dose was 120 mg/d. There was significant weight loss, but no significant changes in serum creatinine, potassium, and sodium concentrations. Functional class improved in most patients, did not change in 25%, but nobody worsened. There were no treatment-related deaths, but 50% died (as expected) but without disnea at rest. Hospital heart failure admission or interruption of treatment was required in 18%, as local adverse effects.

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New models of care coordination nursing in the future will continue to provide high quality care for heart failure patients who need their expert care and specific treatment at home.

Keywords: palliative care; telecare; heart failure; furosemide
