Abstract: P1198

New concept of triage in patients with heart failure due to specialized nursing

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Topic(s):
Cardiovascular Nursing - Other

Citation:
PURPOSE:The pre­discharge is a fundamental step after an IC admission, a poor management of the transicon of care have been shown to increase the hopitalar re­entry and the morbi­mortality. The objective is to demonstrate that the realization of a new method of triage by specialized nursing, as it is done in the emergency services, allows to stratify the risk of the patient from discharge, until his / her entrance in the UIC, through the prealta.

METHODS:A prospective observational study will be conducted in all patients admitted with a diagnosis of HF and compared with the standard pre­discharge method, based on an early visit to the unit. The admitted patient will be assessed at 24-48 hours by the IC specialist nurse who will perform a comprehensive biopsychosocial assessment, as well as the pre­discharge, where he will define the "care route" in which the patient should be included, stratifying the risk and the patients. months of follow-up In this way, from the hospital discharge, a "triage" of referral to the UIC will be carried out by the nursing specialist according to the risk and the clinical profile.Triage method;
Low / medium risk patients (3-6 months follow­up / Yellow label):Preserved LVEF and absence of valvular heart disease / severe PHT and Absence of important cardioenal sd or high diuretic requirements.
High­risk patients (12 months follow­up / Red label):First episodes of heart failure,Patients with ventricular dysfunction who require adjustment of medical treatment or are candidates for devices, Carriers of devices (DAI / DAIR CRT or TAVI / mitraclip) especially to clinical stabilization, Revenue despite treatment optimization, Need for high doses of diuretics and / or important cardioenal sd, In cases of previous strategy failure with high diuretic requirement, income despite treatment optimization and HDD visits. Advanced IC patients: (Prognostic study and close management / Black label): Patients admitted to UCOR by IC,Candidates to Tx / LAVD and Palliative patients.

RESULTS: Since December 2018 a pilot is being carried out in the CI unit to assess the efficacy and safety of this new method described above compared to standard peraltas that are performed
We included 12 patients in the heart failure program of our center, 7 women and 5 men with an average age of ± 74.9 In the triage of the prealta 5 were stratified to the high risk arm, 6 in the low arm - medium risk and 1 patient in the advanced therapies that was referred to our referral center for transplantation. None of them re­enter since the discharge and continue in the established care route.

CONCLUSIONS:The nurse will carry out the pre­discharge, where she will define the care route with the aim of creating individualized care plans (NANDA) where she can perform interventions (NIC) and evaluate them (NOC). With the implementation of this method, the aim is to demonstrate the effectiveness and safety of the program in reducing re­entry rates and early intervention.