Abstract: **P1068**

**Ambulatory intravenous furosemide for decompensated heart failure: safe, feasible and effective in older adults**

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**Introduction**

With an increase in the ageing population, despite the advances in management heart failure places a tremendous burden on the health care systems.

**Objectives**

To establish the feasibility, safety and efficacy of outpatient intravenous (IV) diuretic treatment for the management of decompensated heart failure; and examine healthcare utilization for patients enrolled in the HeartFailure@Home service in our city, UK.

**Methods**

A single centre Post-hoc analysis of routinely collected health data for patients undergoing outpatient iv diuretic treatment as part of the HeartFailure@Home clinical pathway between 01/11/2015 and 25/09/2018. The service was established to offer IV diuretics to selected patients with decompensated heart failure, either in the patient’s home or on a day case unit and in this capacity operates both as an admission avoidance and supported discharge service.

**Results**

116 episodes of decompensated heart failure, occurring in 83 patients (mean age 77 years [range 50-95], male 55%) were managed by the HeartFailure@Home service. 101 episodes (87.1%) were successfully managed and re-compensated without hospitalisation. 80/116 (69.0%) episodes were managed on the outpatient day case unit; and 36/116 (31.0%) were managed in the patient’s own home. By comparison, in the 12-months prior to their enrolment into the HeartFailure@Home service, 45/83 (54.2%) of these patients had been hospitalised on a total of 93 occasions for decompensated HF. Only 11 HeartFailure@Home episodes (9.5%) ultimately required hospitalisation in order to administer higher doses of iv diuretics (> 240mg Furosemide/day) than could be provided in an outpatient setting.

**Conclusion**

Outpatient management of decompensated HF with IV diuretics is feasible, efficacious and sustainable for patients of all ages. Older patients with high risk of hospital-associated complications may derive the most
benefit from home-based services.