

November Clinical Pearl

Self Care Clinical Pearl

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The American Heart Association has recently published a Scientific Statement on heart failure self-care¹ - recognizing the tremendous advantages of active patient engagement. Poor self-care is causally linked to worse outcomes, including diminished quality of life, readmissions, and increased health care costs and mortality. Self-care is defined as a naturalistic decision-making process that patients use in their choice of behaviors to maintain physiologic stability and in their responses to changes in their clinical condition. By understanding self-care management and behaviors, and barriers to self care, we can support patients, their families with the following interventions:

Self care management includes having patients engage in the following:

- **Recognize** a change in symptoms
- **Evaluate** the change
- **Decide** to take action
- **Implement** a strategy
- **Evaluate** the response

Self-care behaviors:

- Take medications as prescribed; avoid NSAIDS, discuss OTCs and alternative therapies with provider
- Follow the sodium restricted diet, < 2-3 grams/day
- Monitor symptoms, interpreting when symptoms warrant action
- Restrict fluid to < 2 liters/day; especially for patients with hyponatremia and fluid retention
- Limit alcohol or avoid completely
- Routinely exercise; walk, bike, swim
- Quit smoking
- Avoid infection; receive appropriate immunizations
- Weight loss for patients with BMI > 40

Barriers to self-care:

- Comorbid conditions; increases complexity of care
- Depression and anxiety
- Age-related issues; cognitive impairment
- Sleep disturbances
- Poor health literacy
- Breakdown in health care delivery systems

Interventions to support self care by families/significant others:

- Skill development
- Behavior change
- Family support:
 - ◊ Assist with low sodium diet, taking medications
 - ◊ Help monitor for changes in symptoms, cognition, and weight loss
- Systems of care; referral to program with advanced practice nurses

Interventions to support self-care by healthcare professionals:

- Provide structured, individually reinforced education during all clinical encounters; including family/friends
- Teach skills, rather than just providing information
- Simplify medication regimen
- Assess for OTC and herbal medication use, discourage NSAID use
- Aggressively treat comorbidities
- Individualize treatment based on prognosis and quality of life
- Routinely screen for anxiety and depression and cognitive dysfunction
- Routinely screen for barriers of self care
- Recommend dental hygiene
- Routinely screen for sleep disordered breathing; encourage treatment compliance once diagnosed
- Refer to social worker as needed
- Create a seamless system of care delivery from inpatient to outpatient

References

1. Reigel B, Moser DK, Anker SD et al. State of the science: promoting self-care in persons with heart failure. A scientific statement by the American Heart Association. *Circulation* 2009.