

P250 PROTOCOL FOR TELEHEALTH EVALUATION AND FOLLOW-UP OF PATIENTS WITH CHRONIC HEART FAILURE DURING THE COVID-19 PANDEMIC

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Background: After the lockdown imposed by the COVID19 pandemic, physicians had to limit ambulatory visits to exceptional cases to reduce interpersonal contact. We structured a telephone follow-up developing a standardized 23 item questionnaire to administer to our HF outpatient clinic and from whom we obtained the Covid-19-HFscore.

Methods: The patients were identified by a numeric code, date of birth and gender. The questionnaire was designed for rapid administration during telephone interview (on average 6 minutes) and was administered directly by physicians to patients and/or to their caregiver. It was built to reproduce our usual clinical evaluation.

Results: As shown in [Figure 1](#), we investigated seven domains: 1) social and functional condition 2) mood 3) adherence to pharmacological and non-pharmacological recommendations (blood pressure, heart rate, weight monitoring and fluid intake control) 4) clinical and hemodynamic status 5) recording of laboratory tests 6) current pharmacological treatment 7) recent evaluation by family physician or need to contact emergency services followed or not by hospitalisation. General and pharmacological recommendations as well as the following telephone contact were finally recorded. To determine the timing of the next telephonic evaluation, we decided to weight questions regarding clinical and hemodynamic status, adherence to pharmacological and non-pharmacological recommendations, therapeutic changes and need for hospitalisation by scoring the answers (from 1 to 3) to build a score. The sum of individual scores represented the novel TeleHFCovid19-score, ranging from 0 to 29. Based on such score, three groups of patients were identified by arbitrary cut-off levels: the green (score <4), the yellow (score 4-8) and the red (score ≥9) group, for which next telephonic evaluation was planned respectively after four, two and one week respectively. Alternatively, the red group could receive recommendation for urgent hospital evaluation.

Conclusion: During this emergency situation this questionnaire could be a useful clinical tool to help physicians maintaining a regular FU of their patients and identifying patients at greatest risk of imminent instability. Furthermore, this instrument could also represent a useful resource in the management of low-risk HF patients.

Date	Patient Class	Date of birth	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
1. Practitioner: <input type="checkbox"/> Patient <input type="checkbox"/> Caregiver <input type="checkbox"/> Both			17. Body weight: <input type="checkbox"/> Available (Kg) _____ <input type="checkbox"/> Not available
2. Living situation: <input type="checkbox"/> Live alone <input type="checkbox"/> Live with family <input type="checkbox"/> Live with a caregiver <input type="checkbox"/> Live in a nursing home / rest home			18. Body weight trend from 1 to last clinical contact of a care: <input type="checkbox"/> Increasing (>1 Kg) (1 point) <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing <input type="checkbox"/> Not applicable
3. Psychosocial status: how would you define your mood? 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ None _____ Constant _____			19. If symptoms present, in which activities does it appear? <input type="checkbox"/> Moderate restriction of daily activities (walking steps) <input type="checkbox"/> Basic activities of daily living (walking inside home, dressing, showering/bathing) (1 point) <input type="checkbox"/> All or most PVDs/Orthopaedics (3 points) 16. Other symptoms and/or signs (circle if not apply): <input type="checkbox"/> Weakness (2 points) <input type="checkbox"/> Angina (1 point) <input type="checkbox"/> Palpitations (1 point) <input type="checkbox"/> Suspected syncope (2 points) <input type="checkbox"/> New/worsening extremities oedemas (1 point)
4. Who is in charge of the purchase of essential items, food and medication? (Mark only one answer) <input type="checkbox"/> I am, provide them on my own <input type="checkbox"/> My family provides them for me <input type="checkbox"/> I get help from voluntary associations / Civil Protection <input type="checkbox"/> I do not have a choice <input type="checkbox"/> Other _____			17. How do you feel compared to the last clinical contact of a care? <input type="checkbox"/> Better (1 point) <input type="checkbox"/> Worse <input type="checkbox"/> Almost the same
5. Who is in charge of handling medication? <input type="checkbox"/> I am responsible for taking medication in correct time <input type="checkbox"/> I use syringes to inject, but medications are prepared in advance and in separate dosage by my caregiver <input type="checkbox"/> Medication are not properly handled by caregiver			18. From the last clinical consultation, have you been examined by your Family Doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you ever forget or voluntary omit to take your medication? (1 point)			19. Did you have severe food loss (from the last clinical contact of a care)? <input type="checkbox"/> Yes Date of last food loss: _____ <input type="checkbox"/> No Calculation (mg/dL): WRF (= 0.3 mg/dL) (1 point) N-glycosylated (mg/dL): = increasing > 30% than previous value (1 point) K ⁺ (mg/dL): _____ Sulfate (mg/dL): _____
7. Current therapy (circle all that apply): Yes No Benzodiazepines _____ ACE-I/ARB _____ Statins/omega-3 _____ ASA _____ DOACs/anticoag _____ DAPT _____ Diuretics (Furosemide) _____ Diuretics high dose (eg. Furosemide 250 mg/die) _____ (1 point) Mentholans _____ (1 point)			20. Did you result POSITIVE (N-F test) to SARS-CoV-2 infection? <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No
8. Has Direct therapy been discontinued from the last clinical contact of a care? <input type="checkbox"/> Yes (1 point) <input type="checkbox"/> No			21. From the last clinical consultation, did you ever experience any sudden emergency services or have you been admitted to emergency department Public hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you avoid the amount of food intake during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No (1 point)			22. If Yes, why? <input type="checkbox"/> COVID-19 without RF (2 points) <input type="checkbox"/> COVID-19 with RF (3 points) <input type="checkbox"/> AF/ACS/PF or other serious CV causes (3 points) <input type="checkbox"/> Other _____
10. Systemic blood pressure range of last 3 values - mmHg: <input type="checkbox"/> <100 (1 point) <input type="checkbox"/> 100-130 <input type="checkbox"/> 130-160 (1 point) <input type="checkbox"/> >160 <input type="checkbox"/> Not applicable			23. Record or del pharmacological modification: <input type="checkbox"/> COVID-19 diagnosis without RF (1 point) <input type="checkbox"/> Long diuretic dose increase (2 points) <input type="checkbox"/> SVD with Thiazide or Thiazide like diuretic (2 points)
11. Mean time (mean of last 3 values - bpm): <input type="checkbox"/> <50 (1 point) <input type="checkbox"/> 50-60 <input type="checkbox"/> 70-90 <input type="checkbox"/> >100 <input type="checkbox"/> Not applicable			TelcHCovid19-Score: 7/9 -4 GREEN PATIENT: Schedule next FC at 1 month -4.8 ORANGE PATIENT: Schedule next FC within 2 weeks -5 RED PATIENT: Schedule next FC within 1 week or consider urgent hospitalization

Next follow up (date):

Directia factor recommended: Yes No