Abstracts C151

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

G. D'Errico, A. Herbst, F. Orso, S. Baldasseroni, F. Fattirolli, S. Virciglio, V. Camartini, M. Di Bari, N. Marchionni, A. Ungar, C. Salucci, F. Verga AMBULATORIO SCOMPENSO CARDIACO AOU CAREGGI, FIRENZE; RIABILITAZIONE CARDIOLOGICA AOU CAREGGI, FIRENZE; AOU CAREGGI DIPARTIMENTO CARDIO-TORACO-VASCOLARE, FIRENZE

Background: After the lockdown imposed by the COVID19 pandemic, physicians had to limite ambulatory visits to exceptional cases to reduce interpersonal contact. We structured a telephone follow-up developing a standardized 23 item questionnaire to administrate 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 \geq 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.

C152 Abstracts

ii Elive with It His iii a Poer 4. Who is in charge of only my option I come point I come point I got kely I law here O Once 3. Who issue one off I and my option I law here I law here I law here I law here	ray fundly a caretilate II;24 pan-if-re-currently a caretilate II;24 pan-if-re-currently according to the II; and II;			D Increasing (>1 1) Stable D Decreasing 1) New amplituble 15. If dissurpose is treasent, in	tre last elinical contactor al aniet Kg)	rc (I point)
ii Caregiver ii Bedi 2. Liven gestatation: ii Urice clon ii Urice clon ii Urice clon ii Urice with ii Urice with ii Urice and ii Urice with ii Uri	ray fundly a caretilate II;24 pan-if-re-currently a caretilate II;24 pan-if-re-currently according to the II; and II;			11. Body weight transfrom 11. Body weight transfrom Increasing (>1) Stable Decreasing 11. New applicable 15. If devinous is appeared, in		
n Bodi Liveng station: Clive don Clive don Clive don Clive don Clive with Clive in a Clove Clive in a Clove Clive in a Clive i	ray fundly a caretilate II;24 pan-if-re-currently a caretilate II;24 pan-if-re-currently according to the II; and II;			11. Hody weight trend from Increasing (>1 Stable Decreasing New applicable 15. If decreases a consent, in		
Live against the control of the cont	ray fundly a caretilate II;24 pan-if-re-currently a caretilate II;24 pan-if-re-currently according to the II; and II;			D Increasing (>1 1) Stable D Decreasing 1) New amplituble 15. If dissurpose is treasent, in		
in How with in History in How with in History in How with in History in History in How with in How wit	ray fundly a caretilate II;24 pan-if-re-currently a caretilate II;24 pan-if-re-currently according to the II; and II;			Numble Decreasing New amplitude 15. If disances is mesent, in	Kg)	(I point)
Lifes with Different three with Different three with Different three thr	a caretalor 1/24 pon-time consulter aussing money out I home names here would you define your 1 2 2 4 5 Go Free purchase of exertial irons. Re			D Decreasing 11 No applicable 15. If discarces as answerl, in		
ii Hive with I Hive in a Recr North and in charge of the property of the pr	pan-tirse careaker ussig notice out home usuanchore would you define your 1 2 2 4 5 1 Co- Fite purchase of exertal irons, fit			13. If disances is answerl, in		
B Hise in a Recr. i. Who is in charge or sely one option? I I I I I I I I I I I I I I I I I I I	massing nonre-rout home summit have would grow define your 1. 2. 2. 4. 5. Go			15. If dystrogats tresent, in		
5. Psycho-e notional Poer 4. Who is in charge or one option? If I compose If Jet belo If I are here If Once If I are not	nature have would you define your 1 2 3 4 5 1 Go Frie purchase of essential irons, fe			15. If dyspromats present, in		
4. Who is in charge or only one option? If can pool in My famil II I Jose here in Other. 5. Who takes care off in Law here in I have not in Law here in I have not in I	1 2 3 4 5 1 Co.				subject retirition does it comme	9
A. Who is in charge comby non-caption? D. I can pown in Law home D. Other S. Who takes care of in Law home in La	Geographise of essential irons, for	tol		u Mederate activit	es (deine housework, noine up a	(ces)
only one option Discreption			Poer (Coest			
only one option) Description				showering/bath	ing)	(I point)
only one option Discreption				ti At rest/PND/Or 16. Other symptoms und/or s	формоси	(3 points)
I Compose If My family If Josephore If Done If Other If Other If I make the compose If I make my	ide those or my com	4. Who is in charge of the purchase of essential irons, fixed and medicines? (Mark				
My family D Tgot help O Type hour D Other S. Who takes care off I Take my						(2 points)
D I got help II I see hoor D Other 3. Who takes case of I I I are resp II I ake my						(1 point)
n Lise hore n Other 5. Who takes care of the Lam responding Lam responding to the lam r					ge .	(2 points)
Who takes case of a Laminesperial Lamin	() Lise horre-delivery				extremities ordemss	(I point)
ii Laminospi ii Lakeiry	nacry coddd				ANY CONTROL OF THE PARTY OF THE	\$100 (100 to 100 to
ii lakerry	andling medications?			17. Hos do you feel comput	ed to the last clinical contact/eva	nation?
	 Lam responsible for taking medication in correct doughs at acreer time Lake my drugs by myself, but medications are prepared in advance and 					(I point)
in separate design by mysel, but resticatives are prepared in attended and			II Worse Alicest the same		(a bennt)	
ri Medicatio	ons are gon pletely handled by care	givar		- ALLCON LIFE SELECT		
	or voluntary amin to take your mea			19 Doors the best (Selection) and	ract/evaluation, have you been e	notes and the same
11 Yes	e roughly come to make your was	A CHARLES OF	(1 paint)	Family Dogue?	contract misent make first usess to	and is yet
II No			/ Printl	II Yes		
20 10/01				II Na		
7. Carrent therapy (c)	ec's all that apply it	Section and		19, 13 d you have recent bloc	d tests (from the last clinical cor	stac/evaluation)
		Yes N	0			
				II Yes Day	e of first b pod tests:	
Bern-blockers				II No		
ACE-VARB		2 2		Creatinine (merel):		
Sacubitri/Volsartan						(I point)
MRA				WRF (> 0.3 mg/d1.)		(1 house)
				At-brought (165, 11):		
DOACs/worldrin				= Increasing > 30% tha	n previous value	(1 point)
DAPT				Haemoulobin (2/df):		
Diactics (Farosemid	21	: :		K= (mEq:L);		
Discretics high dece	ez. Furusemide >250 ms/die)		(I point)			
Victolazone	2		(I point)	Sedian (mliq4.):		
	to been up, i rated from the last of	ried or net		20 Did sou result POSETIVI	E (NF years) to SARS-CeV-2 inf	Gertland?
 Hay Diarecic therapy been ap-classed from the last elinical connect-evaluation? Yes (1 point) 				n Yes (De.c:)		
u No			100000	u Ne		
9. Do you control the	amount of flaid intake during the	day?		21. From the last of n cal gre	ragi/ocaliation, did you seek ass	istance from
u Yes		977.3		modical emergency services	or have you been admitted to em	icrpeacy
11 No (I point)			department hospitalisad?			
				u Yes		
16. Are you monitoring regularly SRP, HR and body weight?				22. If Yes, why?		
D Yes Per monitoring requiring Saw, HR and body weighter			n COVID-19 without RF (2 points)			
D No			(I point)	p COVID-19 with	RF	(3 points)
THE 1905			(-,)	II AHP/ACS/PE of	r other serious CV causes	(3 points)
				u Other:		
	essure times n of last 3 values - min	Hgt		22. Recommended pharmacr	logical modifications:	
D <100 (1 point)			GDNT's down-titradon/withdrawal (1 point) Long digrefic dose increase (2 points)			
D 100-13				11 Loop distretic d	isse increase ride or Thiazide like diaretic	(2 points) (2 points)
11 2160			(1 point)	U SAB with This	are or constant and entrette	(2 points)
ti Not appli	or ble		(r leans)	TeleHFCovid19-Score:	/29	
13. Heart rate fineau	of leat 3 values - bp.mr.					
u <50			(1 point)	<4 GREEN PATIENT:	Schedule pext FU at 1 month	
D 50-69				4.8 PATIENT:	Schodule next FII within 2 w	
11 76-100				≥9 RED PATIENT:	Schedule next FL within 1 w urgent hospitalisation	eck or consider
u Not appli			(1 point)	and the same of th	от реак позраживатов	

Nest follow up (date): Hospitalisation recommended: Yes Q No