

**Medical Management** The prognosis for patients with HF has improved with the use of evidencebased protocols for patient management. The management goals of HF include the following (Cyrille & Patel, 2017): Improvement of cardiac function with optimal pharmacologic management Reduction of symptoms and improvement of functional status Stabilization of patient condition and lowering of the risk of hospitalization Delay of the progression of HF and extension of life expectancy Promotion of a lifestyle conducive to cardiac health Treatment options vary according to the severity of the patient's condition, comorbidities, and cause of the HF, and may include oral and intravenous (IV) medications, lifestyle modifications, supplemental oxygen, and surgical interventions, including implantation of cardiac devices, and cardiac transplantation (see Chapter 24). The patient with HFpEF (diastolic HF) may be prescribed a diuretic, most commonly an aldosterone antagonist (see Table 25– 3), and may also be prescribed an angiotensin system blocker and/or a betablocker and find symptomatic relief; however, these drugs are not necessarily associated with improved survival in those patients (Borlaug & Colucci, 2019). Lifestyle recommendations include restriction of dietary sodium; avoidance of smoking, including secondhand smoke; avoidance of excessive fluid and alcohol intake; weight reduction when indicated; and regular exercise.