

FOR PT'S WITH A-FIB OR HX OF THROMBOEMBOLISM, CONSIDER THE FOLLOWING:

Warfarin 5mg po QDay

IF PT PRESENTED W/ FLUID OVERLOAD, CONSIDER ONE OF THE FOLLOWING DIURETICS:

Furosemide 40mg po QDay

Bumetanide 1mg po QDay (for pt's w/inadequate response to furosemide)

ONE OF THE FOLLOWING ACE INHIBITORS IS *REQUIRED* FOR PT'S WITH HF, UNLESS ACE INTOLERANT. (SEE ALTERNATIVE ARB MEDICATION CHOICES BELOW):

Lisinopril 20 mg po QDay

Fosinopril 20mg po QDay

Captopril 6.25mg po TID

FOR ACE INHIBITOR INTOLERANT PT'S, CONSIDER ONE OF THE FOLLOWING ARB'S:

Valsartan 40mg po BID

Losartan 50mg po QDay

IF PT HAS A LOW EF, CONSIDER ADDIING ONE OF THE FOLLOWING:

Carvedilol 3.12mg po BID

Metoprolol SA 25mg po QDay

IF PT IS AFRICAN AMERICAN AND ALREADY ON ACE/ARB AND BETA BLOCKER, CONSIDER:

Hydralizine 10mg po BID

Isosorbide Mononitrate 30mg po QDay

IF PT IS NY HEART CLASS III/IV WITH A POTASSIUM LESS THAN 5, CONSIDER AN ALDOSTERONE ANTAGONIST.

Spironolactone 12.5mg po QD (w/renal panel)

Other outpatient medications...