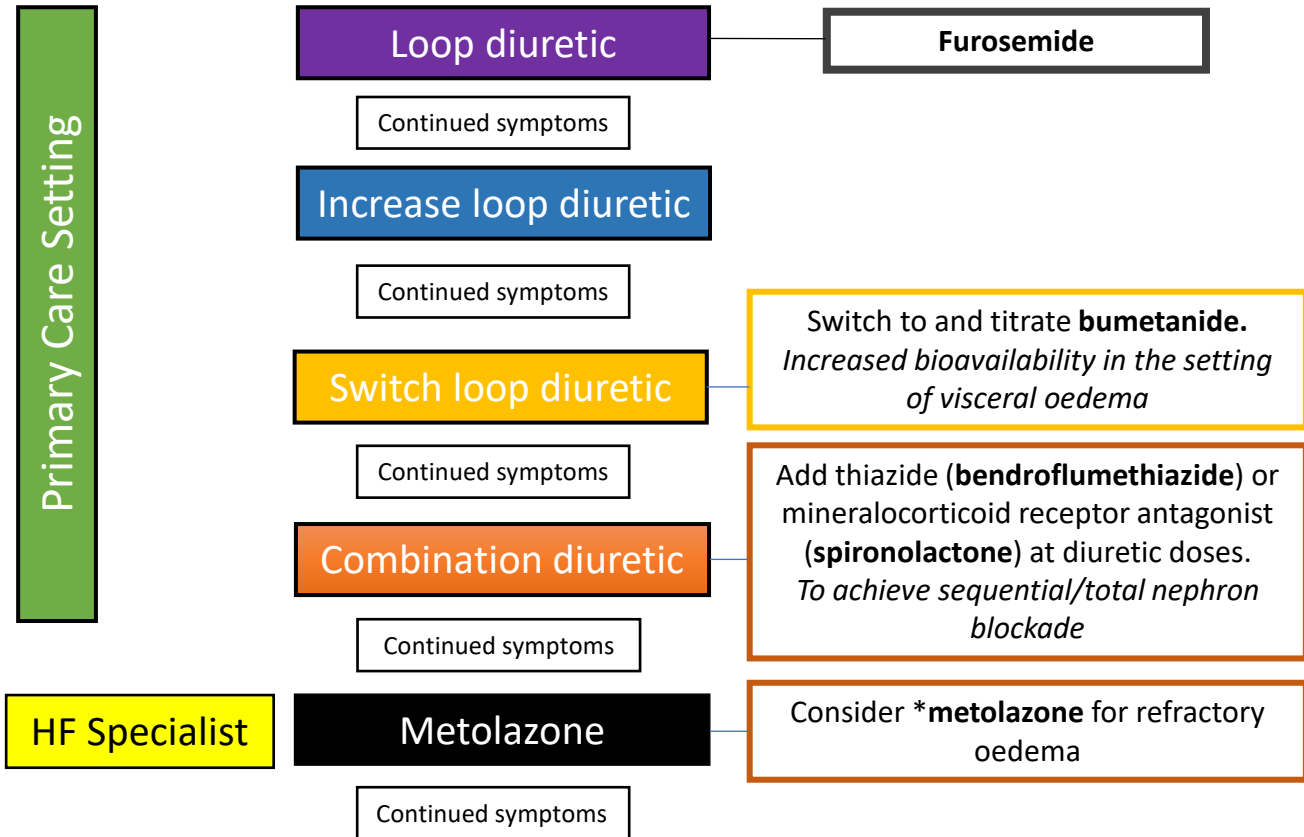


DIURETIC Flow Chart for Symptomatic Heart Failure



Secondary/Tertiary Care/Specialist Community Setting

Metolazone
IV loop diuretics
Renal replacement therapy
Ionotropic support

Ensure plan for renal function and electrolyte monitoring is in place, when doses/type of diuretics are altered.
Avoid thiazides in severe renal impairment-ineffective if creatinine clearance less than 30 mL/minute.

*Metolazone Guidance for Refractory Heart Failure (Adults)

- Patients who are diuretic resistant and have gone through the pathway should be considered for metolazone treatment.
- Metolazone initiated and prescription provided by a Heart Failure (HF) Specialist who has access to a HF MDT.
- Administration should be alternate days or weekly to prevent worsening renal function.
- Patients should have close clinical assessments (examination and renal function) while on metolazone. *Daily* if admitted and a *minimum fortnightly* if outpatients
- Once euvoemia is established, as assessed by a HF Specialist, metolazone can be discontinued and patients can be stepped down to usual dose of oral loop diuretic.
- Clear communication with GP to continue prescription and monitoring requirements until advised otherwise by HF specialist.
- Metolazone is no longer available as a licensed product and is only available as an unlicensed special. HF Specialist to document that the patient has given informed consent to the unlicensed use of metolazone.

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