



How to Adjust Your Diuretic Dose

Congestive heart failure is not a static (unchanging) condition. Heart failure may deteriorate for a variety of reasons. For instance: excessive salt or fluid intake, intercurrent illness such as flu or pneumonia, cardiac arrhythmias, anemia, medications which cause salt retention such as anti-inflammatory medications, episodes of angina, heart attacks etc. all may worsen heart failure. Sometimes however, the patient with heart failure worsens for no apparent reason. The educated patient must know how to anticipate deterioration, and to know how to react to it in order to correct the deterioration before it becomes serious. Just as when steering a car, the heart failure patient must adjust to changes in their condition in order to stay on course. A little too wet and they become congested and short of breath. A little too dry and they become weak, fatigued and dizzy.

When your doctor examines your neck, he is looking at your veins to assess how much fluid is in the circulatory system. Although the patient cannot do this, paying attention to your condition, particularly how you feel, how much swelling is present at the ankles and your body weight can give a pretty good indication of your fluid status. A little bit of swelling of the ankles at the end of the day is normal and indicates sufficient fluid in the circulatory system to allow a weakened heart to pump normally. More than a trace of swelling at the ankles indicates fluid excess. His fluid may re-enter the central circulation when you lie down, awakening you with shortness of breath or forcing you to sleep on several pillows for comfort. Similarly if your weight goes up by more than 2-3 pounds (1.0 kg) in one day or by 5 pounds (2.5 kg) over a week, the body may be retaining too much fluid and worsening heart failure may ensue.

To monitor your own fluid status:

- 1) Weigh yourself daily
- 2) Weigh yourself at the same time every day — before breakfast is best.
- 3) Use the same scale all the time
- 4) Wear the same amount of clothes when you weigh yourself
- 5) Empty your bladder before weighing
- 6) Record your weight on a daily record
- 7) The weight at which there is just a little bit of swelling in the ankles at the end of the day is your ideal weight-try and maintain it
- 8) When taking diuretics avoid drinking too much in the way of fluids, even if your mouth is dry and you feel thirsty. This could counter the effect of the diuretic and dilute the body's salts causing weakness and confusion.
- 9) You should drink no more than 2000 ml (8 glasses or cups) of fluid per day, or whatever amount is prescribed for you.
- 10) If your weight goes up by more than 2-3 pounds (1.0 kg) in one day or by 5 pounds (2.5 kg) over a week adjust your diuretic according to the diuretic sliding scale or call your nurse or doctor.

Daily Weight Record

Date Y/M/D	Weight (Lbs/kg)	Target Hr	Exercise Duration	RPE 1-10	Symptoms Better/Worse/Unchanged	Edema* (Swelling)



Diuretic 1:

Take extra furosemide according to following sliding scale.

Diuretic Dose	Dosing Frequency	Sliding Scale Adjustment
Furosemide 20 mg	AM daily	Extra 20 mg in PM
Furosemide 40 mg	AM daily	Extra 40 mg in PM
Furosemide 80 mg	AM daily	Extra 40 mg in PM. If needed ↑ to extra 80 mg in PM
Furosemide 20 mg	Twice daily	Extra 20 mg in AM
Furosemide 40 mg	Twice daily	Extra 40 mg in AM
Furosemide 80 mg	Twice daily	Extra 40 mg at noon. If needed ↑ to extra 80 mg at noon.
Cut back to usual diuretic dose as weight, swelling and symptoms permit		

Diuretic 2:

Some times one diuretic medication is insufficient to control fluid overload. A second diuretic is needed. This diuretic is usually taken in low dose and intermittently as required (PRN). Combining diuretics can produce a very potent effect resulting in excess dehydration. Only your physician should make adjustments of these diuretics unless otherwise instructed.

Diuretic Dose mg	Dosing Frequency	Sliding Scale Adjustment
HCT* 12.5		
HCT 25 * <i>hydrochlorothiazide</i>		
Indapamide 1.25		
Indapamide 2.5		
Indapamide 5.0		
Metalozone 1.25		
Metalozone 2.5		
Metalozone 5		
Spirinolactone 12.5		
Spirinolactone 25		
Spirinolactone 50		
Dyazide		
Moduret		
Aldactazide 25		

When you are taking several diuretics, it is necessary for your physician to monitor your blood work including sodium, potassium and creatinine (a measure of kidney function). Low blood sodium can lead to confusion and weakness and may require fluid restriction. Low blood potassium may lead to cardiac arrhythmias and may require a potassium replacement diet or or a potassium medication. If the serum creatinine rises excessively it may be necessary to reduce your diuretic dose on instruction of your physician. This increase in creatinine does not indicate kidney damage but merely reflects reduced blood flow to the kidney due to over-diuresis. Controlling heart failure is often a balancing act between being too wet and too dry.

