

# Simple tool can predict serious adverse events in acute heart failure patients

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More than one million patients are admitted to the hospital with heart failure each year. A prospective clinical validation found the Ottawa Heart Failure Risk Scale (OHFRS) tool to be highly sensitive for serious adverse event in acute heart failure patients and can now be used in clinical practice to estimate the short-term risk of SAEs in acute heart failure patients. Further, when available, the prediction tool works even better when adding a simple blood test (NT-ProBNP). The OHFRS may therefore be useful to allow the safe discharge of patients with heart failure in the emergency department without hospital admission. That is the main finding of a study to be published in the March 2017 issue of *Academic Emergency Medicine* (AEM), a journal of the Society for Academic Emergency Medicine.

The lead author is Ian G. Stiell MD MSc, who is internationally recognized for his research in [emergency medicine](#) with a focus on the development of clinical decision rules and the conduct of clinical trials involving acutely ill and injured patients. Dr. Stiell's new study suggests that with adequate physician training, OHFRS will be a useful tool for making rational disposition plans in the ED and should help improve and standardize admission practices, diminishing both unnecessary admissions for low-risk patients and unsafe discharge decisions for high-risk patients and ultimately leading to improved safety for patients and more efficient use of precious hospital resources.

The findings of the study are discussed with Dr. Stiell in the featured episode of SGEM Hop (Skeptics Guide to EM Hot Off the Press).

"Our goal is to improve care for our ED patients with Heart Failure by identifying those at higher risk for poor outcomes through use of the OHFRS. Those with higher scores should be admitted while the many patients with lower scores could be discharged home. When available quantitative NT-ProBNP values improve accuracy of the scale." said Dr. Stiell, professor, Department of Emergency Medicine, University of Ottawa; distinguished professor and clinical research chair, University of Ottawa; and senior scientist, Ottawa Hospital Research Institute; and emergency physician, The Ottawa Hospital.

**More information:** Ian G. Stiell et al. Prospective and Explicit Clinical Validation of the Ottawa Heart Failure Risk Scale, With and Without Use of Quantitative NT-proBNP, *Academic Emergency Medicine* (2016). [DOI: 10.1111/acem.13141](https://doi.org/10.1111/acem.13141)

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