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AAHFN Leadership Message

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Summer is upon us. Hot, humid days that make us want to be in the pool or at the beach or even on a boat somewhere. When we think of summer, many of us think of no school, summer vacations, picnics, camping and on and on. However, as heart failure (HF) nurses, we also need to think about how our patients will survive the summer heat.

Chicago experienced a record setting heatwave in 1995. There were 700 deaths attributed to that heatwave (deaths that under normal circumstances would not have occurred) with 39% of those who died having prior heart disease. (1) Since the heatwave there have been several studies conducted to determine what it is about heat that leads to poorer outcomes in patients with HF. There are many factors that contribute to this. One of the factors in people who have Heart Failure with Reduced Ejection Fraction (HFrEF) is the simple fact that they have reduced ejection fraction or decreased ability to pump. In hot weather, the body's response is to increase heart rate and circulation to the skin in order to bring down body temperature. The problem with this in our patients is pretty obvious. The disease state is REDUCED ejection fraction so it's already difficult for them to pump. Another contributing factor is the fact that HFrEF patients

sweat more than the average person. Sweat also causes loss of electrolytes that are essential for cardiac function.

Add just these two factors to the guideline directed medical therapy (GDMT) that the patient is on which includes beta blockers and diuretics and, without proper education, you can see recipe for disaster brewing. Beta blockers prevent the heart rate from going up to provide the cooling that is necessary for the body. Sweating added to diuretics could easily lead to dehydration, especially in a patient who has been educated to, so carefully, watch their fluid intake, and in whom we have encouraged exercise, i.e. walking daily.

As HF nurses, we have a special talent for educating our patients and summer is a great time to expand on their education. Since patients are losing fluid through sweating, which might not occur at other times during the year, we need to find ways to encourage fluid intake without having them drink too much. They can learn to sip as well as eating juicy fruits like as watermelon or frozen grapes. We also want to advise them to avoid exercise outside. However, that doesn't mean they should stop exercising. Mall walking and walking in their homes are very good alternatives. Additionally, this is a great time to reiterate proper nutrition because we know our patients and their families can never hear it too much.

Everybody have a safe and healthy summer.

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