

phn
EASTERN MELBOURNE

An Australian Government Initiative

Case study: Sandra

EMPHN webinar - From hospital to home: coordinated heart failure care in general practice

7 May 2026, 6.30-8.00pm



Meet Sandra

64-year-old retired teacher presents following discharge from the hospital 5 days ago. She reports feeling better than in hospital, but is experiencing mild dizziness on standing. She has a follow-up appointment with her cardiologist in the outpatient department in 8 weeks.

Discharge summary confirms heart failure (LVEF 36%).

- BP 108/74 mmHg
- HR 66 bpm, regular
- eGFR 78 mL/min/1.73m²
- Potassium 3.8 mmol/L

Medicines prescribed on discharge:

- Bisoprolol 2.5 mg once daily
- Empagliflozin 10 mg once daily
- Ramipril 2.5 mg daily
- Spironolactone 12.5 mg once daily
- Lasix 20mg mane



Questions

1. How do you document Sandra's diagnosis (HFrEF) in the clinical software?
2. What would your management plan look like for Sandra in the next 4-6 weeks post discharge?
 - a. Would you change her medicines now and, if so, which ones?
 - b. Going forward, how often would you up-titrate her medications? In what order would you try and up-titrate her medications?
 - c. When would you want her back for review?
 - d. How would you assess her progress?
 - e. What barriers might limit dose escalation?
 - f. Is her blood pressure too low? Would you reduce her medication and, if so, which one?
3. What additional assessments or supports would you include in Sandra's management plan?

When asked about her understanding of the admission, Sandra says she is "not entirely sure what the diagnosis was," and feels overwhelmed by the number of new medicines started in the hospital.

4. How would you explain a diagnosis of HFrEF, educate her on her medicines and support her to manage her medicines confidently?
5. What key self-management strategies and lifestyle interventions would you discuss with Sandra?