

Angiotensin Receptor Neprilysin Inhibitor (ARNI) Titration by RN in Heart Function Clinic

Site Applicability

PHC Heart Function Clinic ONLY

Practice Level

Specialized: Nurse Titration of ARNI's may only be performed by RNs oriented and working in the Heart Function Clinic

Need to Know

Refer to BCCNP Standard – [Telehealth \(https://www.bccnp.ca\)](https://www.bccnp.ca)

Angiotensin Receptor Neprilysin Inhibitors (ARNI) are recommended for the treatment of heart failure in patients who are on optimal medical therapy and are deemed by the cardiologist to be suitable to implement therapy

ARNIs are generally started at a low dose and titrated upwards at 2 to 4 weekly intervals depending on how the patient is tolerating the dose. This up titration can be done in person, or over the phone.

All Antiotensin Converting Enzyme (ACE) Inhibitors should be stopped for 36 hours prior to initiating ARNI (washout period). They cannot be taken at the same time.

Patients taking Angiotensin Receptor Blocker (ARB) do not require a washout period, however ARB must be discontinued prior to commencing ARNI.

Protocol

Assessment

Prior to initiation of ARNI

At baseline, the physician should:

- Examine the patient determine that the patient suitable for the drug and RN up titration.
- Determine if they feel telephone titrations are suitable for a particular patient and document this.

At any time the nurse may decide to have the patient come into the clinic if they believe that telephone titrations are not safe or feasible. Examples include (but not limited to):

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- Cognitive deficit
- English as a second language
- Hearing deficit
- Confusion with medications and doses
- Patient's condition is not conducive to telephone management

With patient, the nurse should assess

- Blood pressure
- Ability to have regular bloodwork performed
- Understanding of medications
- Ability to communicate effectively over the phone

Prior to initiation of therapy, the patient must discontinue Angiotensin Converting Enzyme (ACE) Inhibitor and/or Angiotensin Receptor Blocker (ARB) a simple instruction sheet for patients is available on the PHEM website (http://phc.eduhealth.ca/PHC_PDFs/FD/FD.222.St28.PHC.pdf).

Currently the only ARNIs on the market in Canada is Valsartan / Sacubitril (Entresto®)

Prior to each up titration of ARNI

The nurse should review:

- Blood pressure (if phone assessment – check patient recordings)
- Symptomatic hypotension or postural drop of more than 20 mmHg in systolic pressure
- Heart failure symptoms
- Weight and fluid status
- Bloodwork performed at 7 to 10 days after last up titration
- Other potential side effects of ARNI (e.g. nausea, rash)

Consult with the physician if:

- Rise in creatinine of over 30% from physician documented baseline
- Symptomatic hypotension or postural drop of BP more than 20 mmHg in systolic pressure
- Signs or symptoms of ARNI intolerance
- Potassium greater than 5.4 mmol/L
- Other changes that would normally prompt a physician call

Interventions:

Patients can feel quite symptomatic when first starting these drugs and also soon after up titration. Timing of dosing can vary according to symptoms. If a patient is lightheaded in the mornings, consideration of the following may be effective in reducing symptoms:

- Taking BID dosing a few hours before or after beta blocker
- Take beta blocker at night time instead of during day
- Moving slowly from lying or sitting to standing to avoid postural hypotension

ARNI Up Titration Table

Drug	Usual starting dose ordered by physician	Nurse to increase (as tolerated by pt) by:	Target Dose
Valsartan/Sacubitril (Entresto®)	50 mg to 100 mg BID	Total of 50 to 100% every two weeks	200 mg BID

Documentation

The following should be documented:

- PH616 “Heart Function Clinic Medication Titration Orders” prescribers order should be completed
- Nurse to specify whether patient is suitable for telephone up titrations or face to face visits.
- Baseline renal function (creatinine, K+)
- Order forms for renal function and electrolytes 7 to 10 days after up titration

The nurse will document up titrations

- On the Heart Failure titration sheet (this is faxed to GP’s office)
- Interdisciplinary Progress Note
- Once target reached, on the Pathway summary sheet

Patient and Family Education

- Patient instructions on how to manage Entresto® Switch:
http://phc.eduhealth.ca/PHC_PDFs/FD/FD.222.St28.PHC.pdf
- ARNI handouts prepared by pharmacy or BC Heart Failure Network
- Snapshot of your visit

Related Documents

1. [B-00-13-10051](#) – (NCS6298) Furosemide (Oral) Titration by RN in Heart Function Clinic

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2. [B-00-13-10052](#) – (NCS6299) Beta Blocker Titration by RN in Heart Function Clinic
3. [B-00-13-10133](#) – (NCS6422) ACE-I/ARB Titration by RN in Heart Function Clinic

References

Entresto[®] Product Monograph (2016). Accessed at

https://www.novartis.ca/sites/www.novartis.ca/files/entresto_scrip_e.pdf

British Columbia College of Nursing Professionals. (2011) Practice Standards for Registered Nurses and Nurses Practitioners. Telehealth Practice Standard. Publication 415. Accessed May 2019 at

https://www.bccnp.ca/Standards/RN_NP/PracticeStandards

Persons/Groups Consulted

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