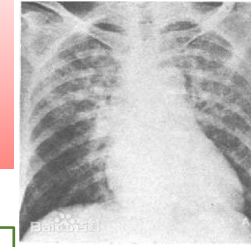


Admitted for de novo or decompensated acute HF



NT-proBNP > 400 ng/mL or BNP > 125ng/ml

MANAGEMENT

- ARNI/ACEI/ARB
- Aldosterone
- Diuretics
- Digitalis
- Therapy for primary disease

EVALUATION

1. Stable haemodynamic status
2. Without any intravenous vasopressors
3. Initiating beta-blockers
4. Or contradictions of beta-blockers such as BP < 90/60 mmHg

Exclusion

1. Hyperdynamic cardiomyopathy such as hyperthyroid and anaemia
2. Advanced AVB

Sinus HR ≥ 70 bpm

Optimized to GDMT

1. Adding ivabradine before discharge
Initiated daily dose of 5-10mg
Maintenance in the vulnerable period
2. Titrating beta-blockers

Shorter in-hospital length of stay

Higher doses of beta-blockers

Better NYHA function and LVEF

Less HF re-hospitalization

Longer event-free survival time

Target HR (<70 bpm) and target doses of beta-blockers

Withdrawal or decrease dose of ivabradine

