**August 2, 2022 AHD Learning Objectives:**

Preoperative Cardiac Risk Stratification:

1. Describe the internist’s role in the evaluation of the patient for preoperative cardiac assessment. Describe the patient who should be seen by a cardiologist before surgery.
2. Describe the patient who is low, intermediate, and high risk for perioperative Major Adverse Cardiac Event (MACE) according to the Revised Cardiac Risk Index (RCRI) and the American College of Surgeons National Quality Improvement Program (NSQIP).
3. List the surgeries that are considered low, intermediate, and high risk.
4. Define emergent, urgent, and elective surgery.
5. Define metabolic equivalent (MET) and describe the activities that require 4 or more METs.
6. Apply the ACC/AHA algorithm to patient cases to determine the correct perioperative plan.

Chronic Heart Failure Management

1. Describe a differential diagnosis for HFrEF and a separate differential diagnosis for HFpEF. Describe the how the pathophysiology of each of these entities results in the same clinical syndrome.
2. Compare the New York Heart Association (NYHA) Functional Classification of Heart Failure with the ACC/AHA Stages of Heart Failure.
3. List the drugs that reduce mortality in the management of systolic heart failure. Describe the other pharmacologic therapies for systolic heart failure that improve hospitalization rate or help control symptoms but do not reduce mortality.
4. Describe the indications for Implanted Cardioverter- Defibrillator (ICD) in patients with heart failure to prevent sudden cardiac death and the indications for Cardiac Resynchronization Therapy (CRT).
5. Describe the patient who is appropriate to referral for advanced heart failure consultation.

Acute Heart Failure Management

1. List some common causes of acute decompensation of heart failure.
2. Describe the evaluation of a patient’s volume status and perfusion on physical examination.
3. Describe the management of a patient who presents to the hospital in an acute heart failure exacerbation with signs of volume overload and who is adequately perfusing.
4. Describe the patient who presents in cardiogenic shock and the management of this patient.