A. HF-REF

Heart failure with reduced EF

Start diuretic
In case of fluid overload a loop, otherwise a thiazide diuretic.

Start ACE-inhibitor (or ARB)
increase each two weeks to half the recommended dose.

Stable patient with pulse rate > 50/min, systolic RR > 100 mmHg, and no 2nd/3rd degree AV-block on electrocardiography

Start beta-blocker
increase each two weeks to recommended dose or maximal tolerated dose.

Increase ACE-inhibitor (or ARB)
increase each two weeks to recommended dose or maximal tolerated dose.

In case symptoms persist

Start aldosterone antagonist

B. HF-PEF

Heart failure with preserved EF

Start diuretic
in case of fluid overload.

Treat hypertension and other comorbidities by protocol, lower pulse rate in case of tachycardia.