

How To Use The New York Heart Association Functional Classification



Introduction

The New York Heart Association (NYHA) Functional Classification is a system used to classify extent of disease for patients with heart disease. According to the National Hospice & Palliative Care Organization's Medical Guidelines for Determining Prognosis in Selected Non-Cancer Diseases, patients classified as Class IV are those who are considered end stage and appropriate for hospice. The NYHA Functional Classification is a 4 class system that classifies patients based on extent of disease as manifested in symptoms and functionality.

When is the NYHA Functional Classification to be completed?

1. On admission to hospice, all patients with a primary cardiac diagnosis are to have a NYHA Functional Classification completed and the score documented on the Heart Disease Clinical Summary.
2. The NYHA Functional Classification is to be completed for each patient for each recertification period. The score is to be documented on the Heart Disease Clinical Summary.
3. The NYHA Functional Classification is to be completed for a patient any time there are significant changes in status. The score should then be documented in the clinical note.
4. The NYHA Functional Classification may also be completed for patients who have a coexisting cardiac diagnosis which may impact quality of life and survival. The score should then be documented in the clinical note.

How to complete the NYHA Functional Classification

1. Nurses and physicians may complete the NYHA Functional Classification.
2. Review NYHA Functional Classification form.
3. Review medical record to assess presence and extent of cardiac disease, signs and symptoms.
4. During assessment, observe the patient's subtle dependencies and interactions within the existing support networks.
5. Interview patient and/or family to obtain information regarding symptom occurrence, functionality and comfort level using questions below.

Questions that may be useful in assessing patients include

1. Are there any limitations of physical activity? How much? What activities are limited?
2. Is there any discomfort at rest?
3. Does physical activity cause any symptoms such as fatigue, palpitation, dyspnea, or anginal pain?
4. How much activity is required to cause symptoms? Normal activity, less than



ordinary activity, minimal activity, no activity at all.

The information obtained from these questions, the assessment and other medical data should then be used to classify the patient: Class I - Class IV.

Once the classification is identified, document the classification score.

Following the admission process, when possible, the same health care provider should administer the scale on subsequent evaluations.

New York Heart Association (NYHA) Functional Classification

Class I: Patients with cardiac disease, but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea or anginal pain.

Class II: Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea or anginal pain.

Class III: Patients with marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea or anginal pain.

Class IV: Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

Reference

Nomenclature and criteria for diagnosis of disease of the heart and great vessels, 9th ed.
Little Brown & Co., 1993.

