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
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

Optimized to GDMT