

# Practice Update

---

<b>Topic</b>	Fluid and sodium intake for stable ambulatory heart failure patients
<b>Date</b>	May 2, 2025

## Key Recommendations

- Cardiac Services BC's education materials have been updated to reflect current guidance on fluid and sodium intake. Access current materials at: [cardiacbc.ca/hf](http://cardiacbc.ca/hf)
- Fluid intake: Most patients with heart failure do not need to specifically measure or restrict their fluid intake. Consider a fluid restriction of 2L/day only for patients with fluid retention or congestion that is not easily controlled with diuretics.
- Sodium intake: Most patients with heart failure do not need to specifically track their daily sodium intake to a specific target. Instead they should be counselled to limit processed or prepared foods, and prioritize a healthy diet including foods prepared from fresh ingredients as much as possible. The recommended sodium intake for all patients including the general population is 2-3g of sodium per day for cardiovascular health promotion.\*
- BC healthcare providers are encouraged to adjust patient counselling approaches as needed, including discharge education in the hospital setting, and ongoing clinical care in ambulatory/clinic/community settings.

\*2 grams of sodium is approximately equivalent to 5 grams of NaCl or about 1 teaspoon of table salt.

## Purpose

To inform healthcare providers about updated guidance for fluid and sodium intake in stable outpatients with heart failure, and associated patient education materials.

## Audience

All B.C. healthcare providers caring for patients with heart failure, including: heart function clinic clinicians, family physicians, nurse practitioners, emergency department providers, specialist physicians, etc.

## Rationale

Severe fluid and sodium restrictions can have negative health impacts and have limited evidence of benefit. Refer to the Canadian Cardiovascular Society Guidelines for the Management of Heart Failure (2017) for more information.

## Patient Education Materials

The following patient education materials have been updated: Heart Failure Zones, Fluid Restriction, Exercise, Activity, Sodium Restriction, Aldosterone Blockers, Diuretics. Access current provincial education materials for patients with heart failure at: [cardiacbc.ca/hf](https://cardiacbc.ca/hf)

## References

Ezekowitz JA, O'Meara EO, McDonald MA, Abrams H, Chan M, Ducharme A, et al. 2017 comprehensive update of the Canadian Cardiovascular Society guidelines for the management of heart failure. *Can J Cardiol.* 2017;33(11):1342-1433.

Mullens W, Damman K, Dhont S, Banerjee D, Bayes-Genis A, Cannata A, et al. Dietary sodium and fluid intake in heart failure: a clinical consensus statement of the heart failure association of the ESC. *Eur J Heart Fail.* 2024;26(4):730-741.

Turgeon RD, McCormack JP, Potter J. Sodium restrictions in heart failure. *Can Fam Physician.* 2025;71(1):41. Doi: 10.46747/cfp.710141

Ezekowitz JA, Colin-Ramirez E, Ross H, Escobedo J, Macdonald P, Troughton R, et al. Reduction of dietary sodium to less than 100 mmol in heart failure (SODIUM-HF): an international, open-label, randomised, controlled trial. *Lancet.* 2022;399(10333):1391-1400.

Herrmann JJ, Brunner-La Rocca HP, Baltussen LEHJM, Beckers-Wesche F, Bekkers SCAM, Bellersen L, et al. Liberal fluid intake versus fluid restriction in chronic heart failure: a randomized clinical trial. *Nat Med.* 2025.

Developed by Cardiac Services BC. Reviewed by Dr. Nathaniel Hawkins, Medical Lead, Research and Quality, and Kelly Mackay, Senior Director, Quality, Research, and Integrated Care.