RUN THE LIST

Acute Decompensated Heart Failure

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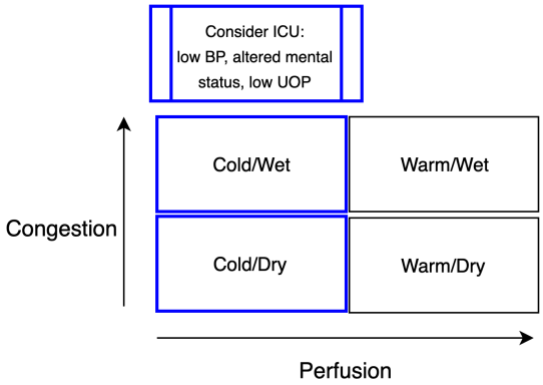
1. Frameworks: LVEF & Hemodynamic Profile
   - By LVEF: < 40% (HFrEF), >50% (HFpEF), 40 – 50% (mid-range EF)



2. Initial Steps
   - Triage: does the patient need to go to the ICU for: diuresis, pressors, inotropes, PA catheter?
   - Usually first step is diuresis
   - Close monitoring is key: VS, labs, UOP, serial physical exam, repleting electrolytes

3. Management:
   - Workup:
     - History: what was the trigger?
       - Common: difficulty maintaining 2g NaCl, 2L fluid restriction
       - To keep in mind: thyroid/renal disease, toxins (alcohol, cocaine, meds) vs. idiopathic
       - **Can't miss**: ischemia/CAD, arrythmias, uncontrolled HTN, valvular disease
     - Physical exam: mental status, extremity warmth, UOP, JVP, edema/ascites, pulmonary/CV exam
     - Labs: CBC, BMP, troponin, LFTs, lactate, NT-pro-BNP
     - Imaging:
       - EKG especially if ischemia on DDx, telemetry for arrhythmias
       - CXR: assess pulmonary edema, size of heart
       - TTE: LVEF, regional wall motion abnormalities, valvular dysfunction

   - Therapy: maintain adequate CO = HR x SV
     - Preload: diuresis, usually loop diuretics. IV preferred to avoid absorption problems due to gut edema!
     - Afterload: ACEi, nitrates
     - Contractility: inotropes
     - Neuro-hormonal blockade (if HFrEF): MRA/spironolactone
     - Consults: consider if concerned for shock, ischemia, difficulty w/ diuresis patient. Every CHF patient should have an outpatient cardiologist!