Emergency Department Heart Failure Guideline

INTEGRATIVE EMERGENCY SERVICES

Assess Level of Distress → **Acute Distress** →

Emergency Management
- STEMI/ACS
- Hypotension/Shock
- Arrhythmia*
- Flash Pulmonary Edema*

**May not necessitate admission*

Assess HF Patient for Congestion

HPI
Swelling
Weight gain
Dyspnea on exertion
Orthopnea

Precipitants
Meds – Compliance
Diet – compliance
Consider other precipitants

Exam
Vital Signs
Weight
JVP
S3
Rales
Edema

ED Workup
EKG
CXR
Troponin
BNP
CBC
CMP
Magnesium

Review Chart
Admission history
Cardiac history
Previous echo
Previous weight
Previous BNP

ED HF Diuretic Guideline →

Interventions
- Oxygen
- Nitrates if SBP > 140
- Lasix – Give 1-2x home dose IV

→ **Diuresis Assessment**
- After 1 hour, if urine output <500ml, repeat Lasix 1-2x home dose IV

→ **Diuresis reassessment**
- If urine output > 500mls, and
- Dyspnea improved (consider ambulatory 02 sat)

→ Proceed with mortality risk assessment

Mortality Risk Assessment →

High Risk Features
- SBP < 100
- O2 sat<93% (after diuresis)
- Acute renal insufficiency
- Acute troponin elevation
- Chronic Kidney Disease

→ **May not necessitate admission, but consider**
- HF specialist consultation in the ED
- Next day follow up in HF clinic
- CDU Observation
- Shared decision-making

Discharge Planning →

Instructions
- Double Lasix for 2 days
- Replete Potassium & Magnesium
- Weigh on discharge and daily

→ **Follow up plan**
- Recommended < 48 hours
- PMD/Cardiology/CHF clinic
- Lab re-evaluation

→ **Other ideas**
- Pill box
- Scale
- Palliative Care Consult

This guideline is not a fixed protocol that must be followed, but is intended to assist in treatment decisions. This guideline is not intended to supersede clinical judgment. Individual patients may require different treatments than those specified here.