Heart Failure

REFRESHER

RECOGNIZE IT

- Respiratory distress with bilateral rales, apprehension, orthopnea
- Jugular vein distention, pink frothy sputum, peripheral edema, diaphoresis
- Hypotension and shock; chest pain
- History: congestive heart failure, past myocardial infarction, cardiac history, medications

ASSESS

- Stage 1: breathless or tired with brisk walk/jog or stairs. Stage 2: comfortable resting; racing or breathless walking or on stairs
- Stage 3: palpitations or tiredness with simple tasks. Stage 4: heart and breath faster at rest, tired sitting, anxiety, palpitations
- Severity: mild — normal HR and BP; moderate — elevated HR and BP; shock — tachycardia to bradycardia, hypertension to hypotension
- Differential: myocardial infarction, asthma, anaphylaxis, aspiration, COPD, pleural effusion, pneumonia, pulmonary embolus, pericardial tamponade, toxic exposure

ACT — FIRST MOVES

1. ABCs
2. Push-dose nitro mixing (from the page): draw 2 mL, transfer 8 mL from a saline flush — 400 mcg/10 mL
3. Consider DSI to assist with CPAP compliance

PEARLS

- Staging is about exertion: symptoms move from stairs, to walking, to simple tasks, to rest as failure worsens

Take Home Message:

Recognize heart failure by distress, rales, JVD, and frothy sputum — support ABCs, use CPAP, and consider DSI to help the patient tolerate it.