2nd DAILY CARDIOLOGY SYMPOSIUM

CONCISE, PRECISE, PRACTICAL

LEARNING OBJECTIVES & CASE VIGNETTE

DAILY CARDIOLIGY ACADEMY

Heart Failure

Acute decompensated heart failure

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Learning Objectives

- What is the main clinical classification of acute decompensated HF and what is the clinical significance?

- What are the precipitating factors that should be thought and sought in every patient with acute decompensated HF?

- What is the role of BNP and other serum markers in diagnosis, prognosis and treatment guidance in patients with acute decompensated HF?

Learning Objectives (continued)

- How to continue and modify the guideline-directed medical therapy in patients with acute decompensated HF?
  BBs, ACEi/ARB/ARNI, MRA, SGLT2i

- How to modify the guideline-directed medical therapy in patient with decreased renal function or reduced BP?

- How to initiate, optimize and discontinue IV diuretic therapy in patients admitted with acute decompensated of HF?

Learning Objectives (continued)

- What is the role of parenteral vasodilation therapy in patients with acute decompensated of HF?

- How to monitor the patients with acute decompensated HF during admission? Clinical signs & symptoms, lab tests and invasive hemodynamic evaluation including PA catheter monitoring.

- How to monitor the patients with acute decompensated HF for adequacy & effectiveness of diuresis?

Learning Objectives (continued)

- What is the role of diet and aggressive sodium restriction in patients hospitalized with acute decompensation of HF?

- What are the recommendations for VTE prophylaxis in patients with acute decompensation of HF? Which patients? Which agents? Which doses & for how long?

- How to optimize the medications in patients admitted with acute decompensated HF before discharge?

Case Vignette

- 65 Y/O gentleman
- PMH:
  - MI & CABG 10 years ago
  - HFrEF with LVEF about 35% since his heart attack
  - CKD with stable Cr about 1.6 mg/dL
- You see him upon arrival in CCU admitted from ED with the diagnosis of acute decompensated HF
- He describes his symptoms as worsening dyspnea causing difficulty in his daily activities, but he has no resting dyspnea. He also complains of 2-pillow orthopnea and worsening of pedal edema.

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Case Vignette (continued)

- DH:
  - Aspirin 80 mg daily
  - Atorvastatin 40 mg daily
  - Bisoprolol 5 mg daily
  - Losartan 25 mg bid
  - Eplerenone 25 mg daily
  - Furosamide 40 mg daily

Case Vignette (continued)

- Ph/Ex:
  - Alert & oriented in no acute distress and sitting on the bed comfortably
  - BP: 100/60 mmHg, HR: 110 bpm, SaO2 93% with 5L O2 with NC
  - Heart: Rapid S1 & S2 with systolic murmur at the apex
  - Lungs: bilaterally diminished sounds at the base with no rales
  - lower extremities: Symmetric 2-3 + pedal edema
  - Peripheral pulses: 2+ & symmetric

Case Vignette (continued)

- Initial lab tests:
  - Hb: 11.5 mg/dL, WBC: 4.500/10^{-9}L, Plt: 160.000/10^{-9}L
  - Cr: 1.8 mg/dL, Na: 125 mEq/L, K: 4.1 mEq/L
- There is about 50cc of urine in his bag since 1 hour ago when Foley was inserted
- ECG: sinus tachycardia with LBBB

Case Vignette (continued)

- Bedside TTE:
  - Moderate LV enlargement, LVEF about 30-35%
  - Moderate RV enlargement & mild dysfunction
  - Moderate MR
  - Moderate TR, TRG: 30 mmHg
  - Dilated IVC with diminished respiratory collapse
  - No pericardial effusion

What is your initial order, plan for optimization of medications during admission, monitoring strategy & predischarge drug plan?

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Heart Failure

Khordad 27th, 14:00 – 15:30

Acute decompensated heart failure

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