

# 3<sup>RD</sup> DAILY CARDIOLOGY SYMPOSIUM

CONCISE, PRECISE, PRACTICAL

1<sup>st</sup> Day, 2<sup>nd</sup> Panel, 2<sup>nd</sup> Lecture

Acute Heart Failure

Approach to diagnosis and management of  
pulmonary edema and cardiogenic shock



Learning Objectives & Case Vignette

# Learning Objectives

- Definition, clinical manifestations and features of cardiogenic shock
- Approach to the diagnosis of cardiogenic shock
  - Differentiation from other classes of shock
  - Right sided vs. left sided ventricular origin
- The initial approach and the initial diagnostic evaluation
  - The stabilization and Resuscitation Strategy

# Learning Objectives

- Choice of pharmacological treatment for cardiogenic shock
  - Practical use of inotropic and vasopressor agents
- Indications for Invasive hemodynamic monitoring
- Indications for oxygen therapy

# Case Vignette

- 68 Y/O lady, with palpitation, progressive dyspnea and orthopnea in the recent 2 days
  - history of CAG last year: minimal CAD
- SH: occasional smoker
- PMH: HTN (12<sub>ys</sub>), DM (20<sub>ys</sub>), moderate CKD (5<sub>ys</sub>), obesity
- Ph. Exam.:
  - Acutely ill-appearing, confused
  - HR: 120<sub>bpm</sub>, BP: 85/60<sub>mmHg</sub>
  - RR: 24<sub>/min</sub>
  - O2sat: 85% in room air
  - Heart: S<sub>1</sub> & S<sub>2</sub> with tachycardia
  - Lungs: Bilateral fine rales, up to the inferior angle of scapula
  - Extremities: cold, 1+ symmetrical pulses

# Case Vignette

## ○ Medications:

- ASA 80<sub>mg</sub> OD
- Losartan 50<sub>mg</sub> BID
- Digoxin 0.125<sub>mg</sub> EOD
- Allopurinol 100<sub>mg</sub> BID
- Nephrovit OD
- Atorvastatin 20<sub>mg</sub> OD
- Metoprolol 50<sub>mg</sub> BID

## ○ ECG:

- Rapid ventricular response AF (HR=130<sub>bpm</sub>)
- No ischemic change

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Daily Cardiology Symposium 1402

Acute Heart Failure

Tir 22<sup>nd</sup>, 11:30 - 13:00

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pulmonary edema and cardiogenic shock**

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