Acute Heart Failure

Pulmonary edema and congestion bedside card

Cardiology | PHYSICIAN REFERENCE

Phenotype first

- Assess congestion and perfusion; identify ACS, arrhythmia, hypertensive emergency, infection, mechanical complication.

Treatment

- IV loop diuretic for congestion; vasodilator can be useful in hypertensive pulmonary edema if BP permits.
- NIV/CPAP can improve respiratory distress in appropriate patients.

Shock

- If hypoperfused/shock: urgent echo, critical care/cardiology input and individualized vasoactive/mechanical support.

Clinical safety note

Use this as a memory aid, not a prescription. Verify current guidelines, local protocols, contraindications, renal/hepatic dosing, pregnancy status, interactions and patient-specific factors before treatment.