

**ED HF
Clinical Decision
module**

BNP 100 - 500 pg/ml
Indicative of HF, BUT consider other causes of dyspnea, including:
1. baseline LV dysfunction
2. cor pulmonale
3. pulmonary embolism
4. pneumonia
5. lung cancer

BNP > 500 pg/ml
Indicative of moderate / severe HF

Prior to admission to either ICU (high risk) OR telemetry OR the ward

**Loop Diuretics
Dose Guidance:**
double dose of oral diuretics or if diuretic naive 20 mg IV unless serum creat > 2.5 then give 40mg IV [pop up]

HF Initial ED Treatment:
1. O2
I2. IV
3. Loop Diuretics
4. possible vasodilators

Reassess 1 - 2 hrs

IMPROVING SxS
urine output >1 liter
or 500cc if cr>2.5

POSSIBLE 23 observation
or admit to telemetry or ward

Discharge Criteria (with follow-up):
Are the following present ?
1. HR<100 and SBP>90
2. urine output >1000cc
3. cardiac markers neg
4. no chest pain
5. no new arrhythmias
6. stable electrolytes
7. social support

1. IV diuretic or cont infusion
2. consider vasodilator
NTG
ACE
Hydralazine
3. Nesiritide (sbp>90)
plus IV diuretic

reassess 1 - 2 hrs

IMPROVING SxS
urine output >1 liter
or 500cc if cr>2.5

admit to ICU, telemetry or ward