

Heart Failure

Table 3.63 – ASSESSMENT and MANAGEMENT

Heart Failure

ASSESSMENT	MANAGEMENT
<p>Undertake ABCD assessment</p> <p>If the patient is TIME CRITICAL</p> <ol style="list-style-type: none">Assess PERfusion status <p>Signs of ADEQUATE perfusion:</p> <ul style="list-style-type: none">Normal mentationPeripheral pulses presentSystolic blood pressure >90 mmHgNOT paleCapillary Bed Refill Time <2 sec	<ul style="list-style-type: none">Start correcting ABC problems (refer to medical emergencies overview).Correct life-threatening conditions, airway and breathing on scene.Then commence transfer to nearest suitable receiving hospital. <p>Refer to Figure 3.13.</p>
<p>Signs of INADEQUATE perfusion:</p> <ul style="list-style-type: none">Reduced consciousnessSystolic blood pressure <90 mmHgPallorCapillary Bed Refill Time >2 sec	Refer to Figure 3.13.
<p>2. Assess CONGESTION status</p> <p>Signs of congestion:</p> <ul style="list-style-type: none">Pulmonary oedemaPeripheral oedemaElevated jugular venous pulse	<p>Refer to Figure 3.13.</p> <ul style="list-style-type: none">If pulmonary oedema is evident position the patient sitting upright if possible.
Record a 12-lead ECG	<ul style="list-style-type: none">It is uncommon for patients with heart failure to have a normal ECG. Where no ECG abnormalities are identified clinicians should consider the possibility of an alternative diagnosis.Where the ECG indicates that heart failure may be due to Acute Coronary Syndrome manage as per the ACS guideline.

Table 3.64

Clinical Indicators of Potential Heart Failure

<p>Pulmonary oedema</p> <ul style="list-style-type: none">Fine crackling sounds are suggestive of pulmonary oedema, commonly heard in the lung bases, but may be heard over other lung fields as well.Often accompanied by the coughing up of frothy sputum, white or pink (blood stained) in colour.	<p>Jugular venous pressure</p> <ul style="list-style-type: none">Jugular venous pressure (JVP) provides an estimation of right atrial filling pressure as there are no valves between the right atrium and the internal jugular vein.Jugular venous pressure is assessed while the patient is supine with the upper body at a 30–45° angle from the horizontal plane.The vertical height of the crest of the internal jugular venous pulsation above the sternal angle determines the height of the venous pressure and provides the estimate of right atrial filling pressure.Any measurement greater than 3 cm suggests elevated right atrial filling pressure. <p>Elevated jugular venous pressure is a specific (90%) but not sensitive (30%) indicator of elevated left ventricular filling.</p>
<p>Peripheral oedema</p> <ul style="list-style-type: none">Although peripheral oedema is a common sign of chronic heart failure, it is not specific to heart failure and may be seen as a consequence of numerous pathologies. It usually only becomes apparent when the extracellular volume exceeds 5 litres.	
<p>Third heart sound</p> <ul style="list-style-type: none">An auscultated third heart sound (S3), or gallop rhythm, in an adult patient is usually a pathological indicator of reduced ventricular compliance.It is strongly associated with elevated atrial pressure; consequently it can be an important indicator of left ventricular failure and dilation. <p>Although a third heart sound is not sensitive (24%) for heart failure, it is highly specific (99%).</p>	