

## 2.2 Acute Left Ventricular Failure

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### Typical presentation

- An elderly or middle aged patient with a previous history of ischaemic heart disease, hypertension or congestive heart failure attends with acute onset dyspnoea.
- They may also describe chest pain. Patients will typically be very pale and clammy.
- Examination will reveal raised jugular venous pulse, tachycardia and tachypnoea.

There will be crepitations on auscultation of the chest.

**Differential diagnosis** Bronchopneumonia, (exacerbation of COPD) \* **IMPORTANT – CONSIDER ACUTE MYOCARDIAL INFARCTION\*** **Observations / Monitoring**

Oxygen saturations, ECG monitoring, blood pressure, urine output

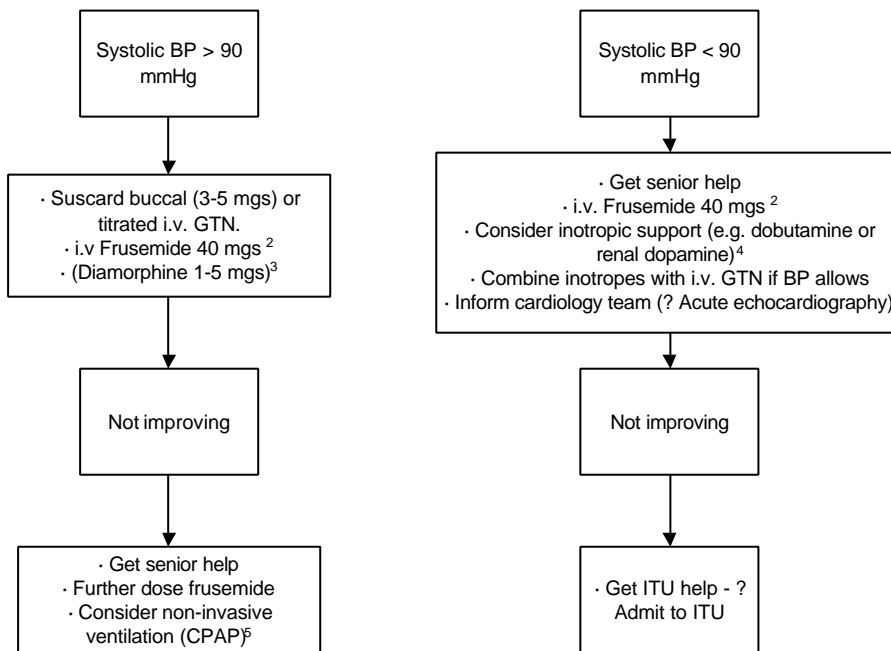
**Investigations** 12 lead ECG, Arterial blood gases, Chest x-ray, U&E<sub>1</sub>

Treatment algorithm

LVF Patient

**\*CONSIDER THROMBOLYSIS\***

Sit the patient up, oxygen via a non-rebreather mask



### Notes:

**1** Inform renal team early if patient requires dialysis

**2** Use low dose frusemide combined with maximal vasodilatation with nitrates

**3** Titrate diamorphine carefully to avoid respiratory compromise

**4** Should be used with appropriate monitoring i.e. CVP pressure, invasive arterial pressure

**5** Start CPAP at 10 cmH<sub>2</sub>O in those with persistent type II respiratory failure