



#### CHF and Pulmonary Edema

#### Rod Hetherington

#### **Objectives**

Given a lecture and group discussion, the paramedic will be able to:

- Identify and name the key anatomical structures of the heart and vessels
- Describe the electrical and mechanical operations of the heart
- Describe the etiology of Congestive Heart Failure
- Recognize the signs and symptoms of Acute Pulmonary Edema and Congestive Heart Failure
- Correctly apply the Acute Cardiogenic Pulmonary Edema Protocol in case discussions
- Demonstrate proper documentation for the assessment and treatment of a CHF patient



## **Cardiovascular System**

#### CONSISTS OF:

- Heart (pump)
- Arteries and veins (container)
- Capillaries (site nutrient, gas exchange)

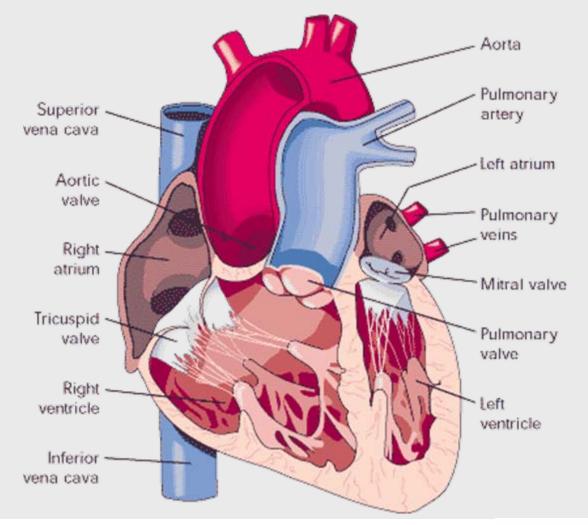


#### **Functions**

- Transportation of oxygen and other nutrients to the cells
- Removal of carbon dioxide and wastes
- Distributes hormones
- Control heat transfer



## **Heart Anatomy**





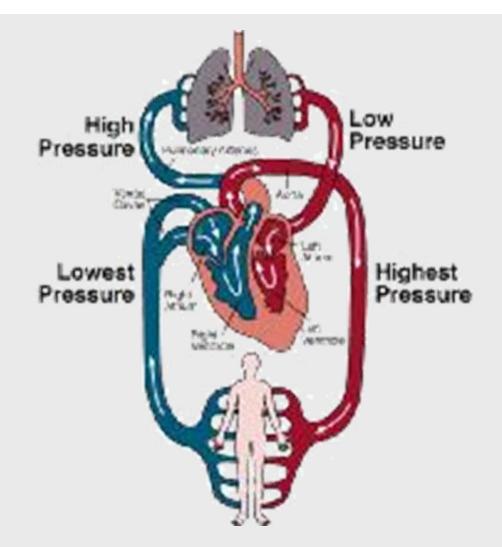
### Heart Anatomy

Left Ventricle

High Pressure
More Muscle
Systemic

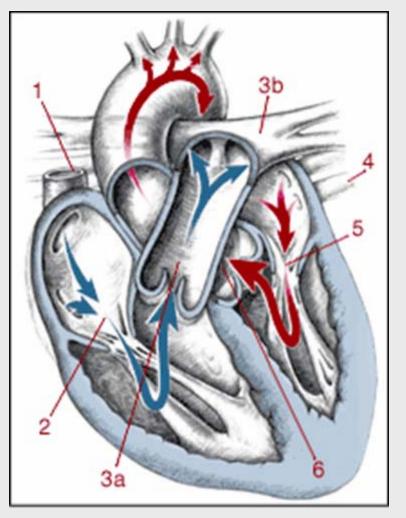
Right Ventricle Low Pressure Less Muscle

Pulmonary









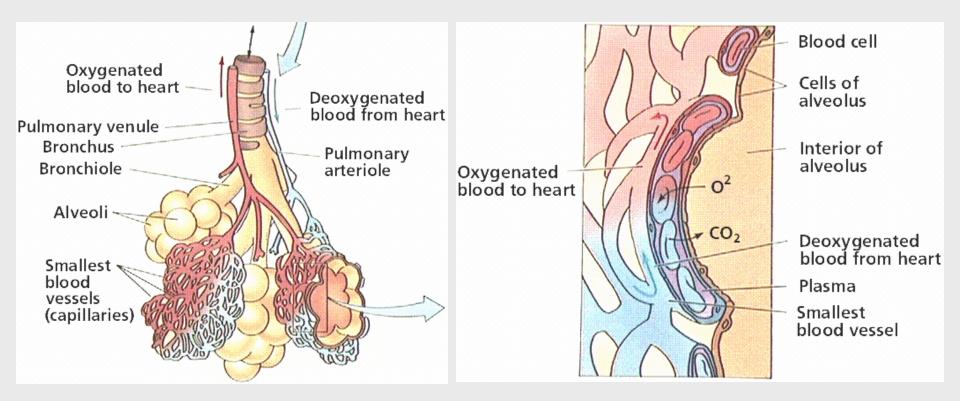
- Right atria via vena cava
- 2. Tricuspid valve into right ventricle
- a) Pulmonic valve to pulmonary artery
   b) Right and left pulmonary arteries





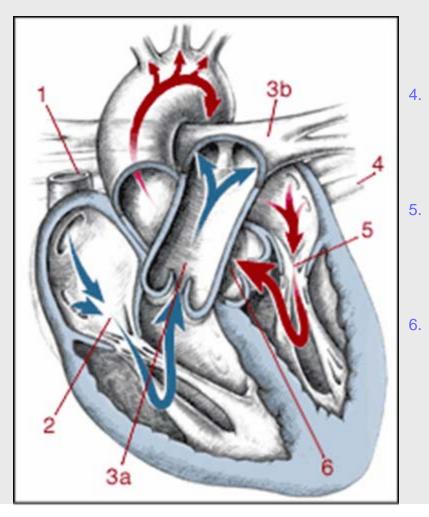
#### **Blood Flow**

#### Pulmonary arterioles to capillaries = gas exchange









Left atrium via pulmonary veins

Mitral valve to left ventricle

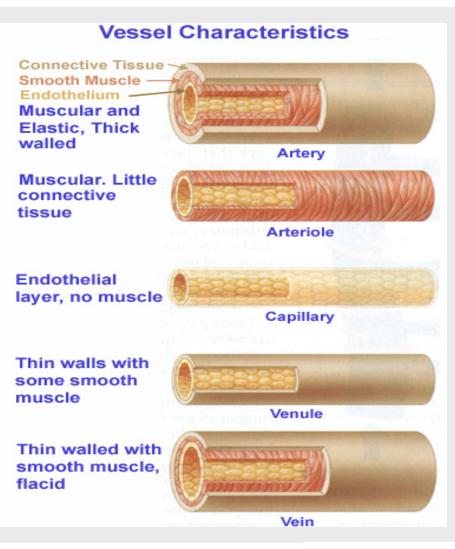
Aortic valve to aorta





## Arteries and Veins

- Arteries
- Arterioles
- Capillaries
- Venules
- Veins







# When the heart is unable to pump the volume it receives it is said to be in failure

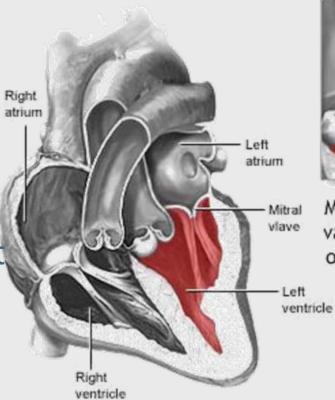
- > Right Sided
- > Left Sided



## **Heart Failure**

#### Causes

- Left Ventricular Dysfunction (LVH, Previous MI)
- Rate related
  - . Tachycardia
  - Bradycardia
- Hypertensive event
- Valvular disease
  - Prolapse
  - Rupture





Malfunctioning mitral valve allows backflow of blood into the left atrium, causing cle progressive enlargement

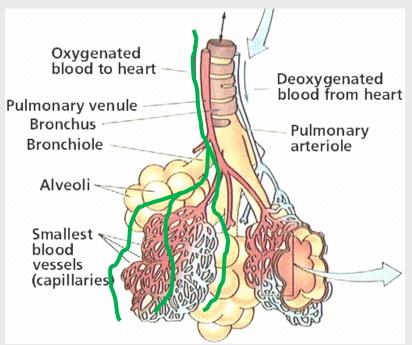
\*ADAM



## **Heart Failure**

#### Causes

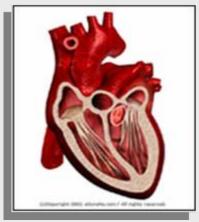
- Injury to capillary endothelium (ARDS)
- Blockage of lymphatic Vessels







Acute Right Sided Failure associated with acute inferior wall MI hypotension normal to slow heart rate JVD chest clear Treatment: fluid resuscitation



Note: NTG contraindicated for HR < 60 and/or hypotension





#### Volume overload

 inappropriate fluid resuscitation
 diligent monitoring of respiratory status required when administering IV fluids

Note: Auscultate chest q 250 cc in adults - q 100 cc in Paeds



## Categorizing Failure

#### Left or Right sided heart failure

- Forward or Backward ventricular failure
  - Backward failure is secondary to elevated systemic venous pressures.
  - Forward ventricular failure is secondary to left ventricle failure and reduced flow into the aorta and systemic circulation



#### LV BACKWARD EFFECTS

Decreased emptying of the left ventricle Increased volume and end-diastolic pressure in the left ventricle Increased volume (pressure) in the left atrium Increased volume in pulmonary veins



#### LV BACKWARD EFFECTS

Increased volume in pulmonary capillary bed = increased hydrostatic pressure

Transudation of fluid from capillaries to alveoli ↓

Rapid filling of alveolar spaces
U
Pulmonary edema

London Health Sciences Centre Southwest Ontario Regional Base Hospital Program

#### LV FORWARD EFFECTS

**Decreased cardiac output** Decreased perfusion of tissues of body Decreased blood flow to kidneys and glands Increased reabsorption of sodium and water and vasoconstriction



#### LV FORWARD EFFECTS

## Increased secretion of sodium and water-retaining hormones

## Increased extracellular fluid volume

## Increased total blood volume and increased systemic blood pressure



#### **RV BACKWARD EFFECTS**

Decreased emptying of the right ventricle Increased volume and end-diastolic pressure in the right ventricle Increased volume (pressure) in right atrium Increased volume and pressure in the great veins



#### **RV BACKWARD EFFECTS**

Increased volume in the systemic venous circulation  $\mathbf{J}$ Increased volume in distensible organs (hepatomegaly, splenomegaly) Increased pressures at capillary line Peripheral, dependant edema and serous infusion



#### **RV FORWARD EFFECTS**

### Decreased volume from the RV to the lungs

#### Decreased return to the left atrium and subsequent decreased cardiac output U

#### All the forward effects of left heart failure





**Patient Positioning:** 

Having the patient sitting upright helps force fluid to the bases and provides the apices with less fluidResults in fluid free alveolar respiration in apices





#### Ventilatory Assistance – BVM





# Symptom Relief - Vasodilator Indications/Contra Indications IV versus no IV





## CPAPContinous Positive Airway Pressure



#### **Case Study**



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EXMIN		
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Back/Pelvis - Unremarkable		
Extremities - Unremarkable Peripheral Edema - A	bsent 🗆 - Present Pedal Pulse 🗋	Absent - Present
1681-45 (02/11)	the second s	Further Physical Findings, see procedures

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① CHF, MI x 4 yrs, Coronary Artery Disease	as per pt.'s wife	
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Treatment price to writed	F. Other Ambulance D Bystander D	Other Sending Physician
		Further Clinical Information, see procedures
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Abdomen - Soft - Rigid - Distended - Tender		
	D - Mass D - Pulsatile D - RU D	- LU 🔲 - LL 🔲 - RL 🔲 - Center
Back/Pelvis  - Unremarkable Extremities - Unremarkable Peripheral Edema  - A		
1681-45 (02/11)	Pedal Pulse D.,	Absent - Present

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then called 911 and sat down as his breathing be cough and has twice expelled pinkish sputum. Pt	denies any chest pair	n or pressure. Pt's wife	
states he has not felt well for the past couple of o		2	
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			Information, see procedures
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Back/Pelvis D-Unremarkable			
Extremities - Unremarkable Peripheral Edema - A	bsent D - Present Pedal	Pulse - Absent - Present	Findings, see procedures

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① CHF, MI x 4 yrs, Coronary Artery Disease	as per pt.'s wife	
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Angele DINKA DIASA Disulpha Mi Penicillin DiCod	eine 🗆 Other	Not Determined
As per pt's wife	.  Other Ambulance  Bystander	Other Sending     Physician
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Ape Gender Weight (Kg) C.T.A.S. 1 - Resus 2 - E	merg, 3 - Urgent 4 - Less Urg,	5 - Non-Urg: Skin (Initial Assessment) Colour Temp Cond.
General Appearance		Normal Normal Normal Normal
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Back/Pelvis D - Unremarkable Extremities D - Unremarkable Peripheral Edema		
Extremities - Unremarkable Peripheral Edema - Al	osent 🗆 - Present Pedal Pulse 🗖	- Absent     - Present     - Further Physical Findings, see procedures

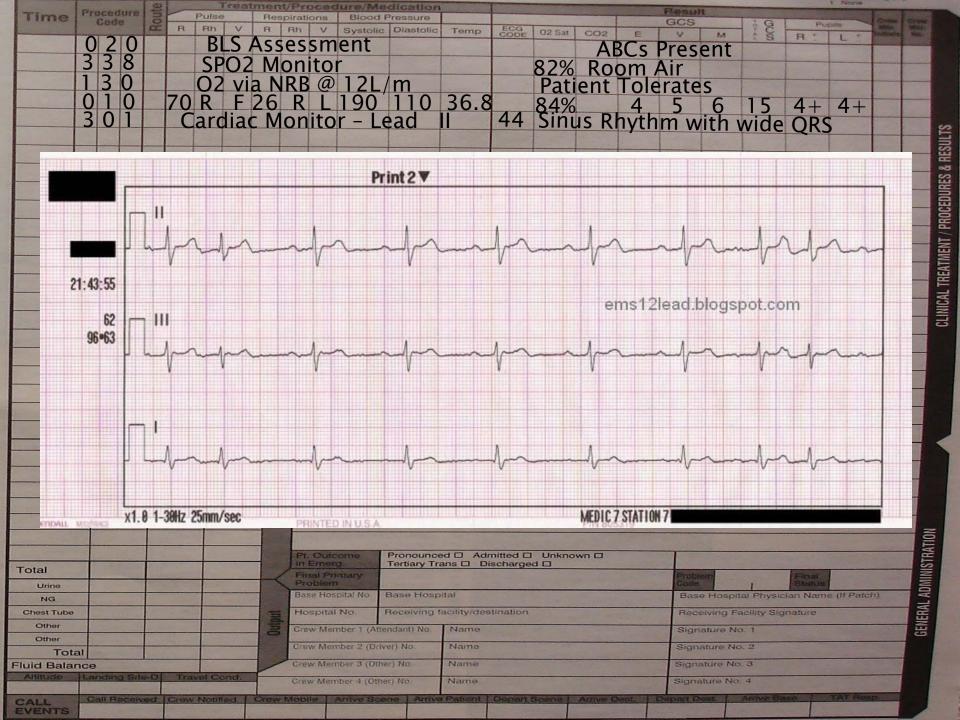
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Fluid Pre Tran		Remarks / Orders		CLINICAL TREATME
Total Urine NG Chest Tube Other Other Total Fluid Balance Allinge Landing Si CALL EVENTS	te-D Travel Cond.	Pt. Outcome in Emergi Firsal Primary Problem         Pronounced □ Adm Tertiary Trans □ Dis Dis Firsal Primary Problem           Base Hospital Hospital No.         Base Hospital Hospital No.         Base Hospital Receiving facility/dest Grew Member 1 (Attendant) No.           Drew Member 2 (Driver) No.         Name Grew Member 3 (Other) No.         Name Name Orew Member 4 (Other) No.           Grew Member 4 (Other) No.         Name Name           Grew Member 4 (Other) No.         Name	Prome Good Base Lination Rece Signa Signa Signal	Prospital Physician Name (If Patch) Ning Facility Signature ature No. 1 ature No. 3 ture No. 4 Anne Caso, LAT Presp.

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CALL EVENTS	Call	Receiv	ved	Crew	Noti	fleci	Cre	er Mo	blie	Arrive	Sce	ere de	ATTIVE	e Patant	Depar	Scene	Arrive	Dest.	Cepa	n Des	St.	Anne	Telsio.		AC PART		)	

Time Code 2 Pulse R Rh V	Respirations         Blood Pressure           R         Rh         V         Systelic         Diastolic         Temp	ECG 02 Sat CO2 E V M S	Pupits Com Street
3 3 8 SPO2	Assessment Monitor a NRB @ 12L/m	ABCs Present 82% Room Air	
	26 R L 190 110 36.8 Monitor – Lead II pray 0.4mg	84% 4 5 6 15	4+ 4+ e QRS e
370 Close 141 NIPP 370 Close	pray 0.4mg with straps and blanker observation via BVM @ 12 L/m observation ght AC with 10cc NS flush	Patient becoming more dist Pt. non combative allowed ( Breathing distress decroa	e tressed 6 breaths sed
3 4 2 18G. to Ri	ght AC with 10cc NS flush	IV Patent – Successful	
Fluid Pre Trans Enroute Total	Remarks / Orders		
		nitted 🗆 Unknown 🗆	Pinal Stanua
Urine Contraction	Final Primary Problem Base Hospital No. Base Hospital	Problem Code Base Hospital Phys	Status sician Name (If Patch)
NG       Chest Tube       Other       Other	Hospital No. Receiving facility/des Grew Member 1 (Attendant) No. Name		
Total Fluid Balance Altitude [Landing Site-D] Travel Cond.	Crew Member 2 (Driver) No. Name Crew Member 3 (Other) No. Name	Signature No. 2 Signature No. 3	
CALL Call Received Crew Notified	Crew Member 4 (Other) No. Name Crew Moblie Arrive Scene Arrive Patient	Depart Scene   Arnue Dest.   Depart Dest.   Arnue 1	Outo LAT Resp.

CLINICAL TREATMENT / PROCEDURES & RESULTS

Time		edure	Route	R	Puls	e	Re	spira	ations	BI	boo	Pressure						GCS		- G		Pupits	Vene I		-	
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CALL	Call	Recei	ved	Crew	Noti	fied	Crew	* Ma	ble	Arrive	e Sce	ne Ar	ve Patan	Depar	Scene	Anive	Dest	Depart	Dest.	ANTINE	Case	TA	d Hou	Ph		

Time         Proceedure         2         Pulse           0         2         0         BLS           3         3         8         SPO           1         3         0         O2 M           1         3         0         O2 M           0         1         0         70 R           3         0         1         Cardia           6         1         5         Nitro           2         3         5         Fowlers           3         7         0         Clo           1         4         1         N I P P           3         7         0         Clo           3         4         2         18G. to F           0         1         0         68 R	Assessment Assessment Monitor And the straps and blanker Spray 0.4mg with straps and blanker se Observation V via BVM @ 12 L/m Ose Observation Right AC with 10cc NS flush 24 R L 178 106 Oray 0.8mg - 2 sprays Additional and a straps Dray 0.8mg - 2 sprays	Patient becoming m Patient becoming m Pt. non combative al Breathing distress IV Patent – Suc 89% 4 5	M CS R L C C C C C C C C C C C C C C C C C C
Total Urine NG Chest Tube Other Other Total Fluid Balance Attitude Landing Site-D Travet Cond CALL Call Received Crew Notified	in Emerg Final Primary Problem Base Hospital No. Hospital No. Grew Member 1 (Attendant) No. Name Crew Member 3 (Other) No. Name Crew Member 4 (Other) No. Name	Ination Rece Sign Sign Sign Signa	e Hospital Physician Name (If Patch) e Hospital Physician Name (If Patch) eiving Facility Signature ature No. 1 ature No. 2 ature No. 3 ature No. 4 Ext. Amore Dean. TAT Page

Time Procedure 5 Pulse	Respirations Blood Pressure	GC	S G Pupulis	
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Total	Crew Member 2 (Driver) No. Name	S	ignature No. 2	
Fluid Balance	Grew Member 3 (Other) No. Name	Si	gnature No. 3	
Altitude Landing Site-D Travel Cond.	Grew Member 4 (Other) No. Name	Si	gnature No. 4	
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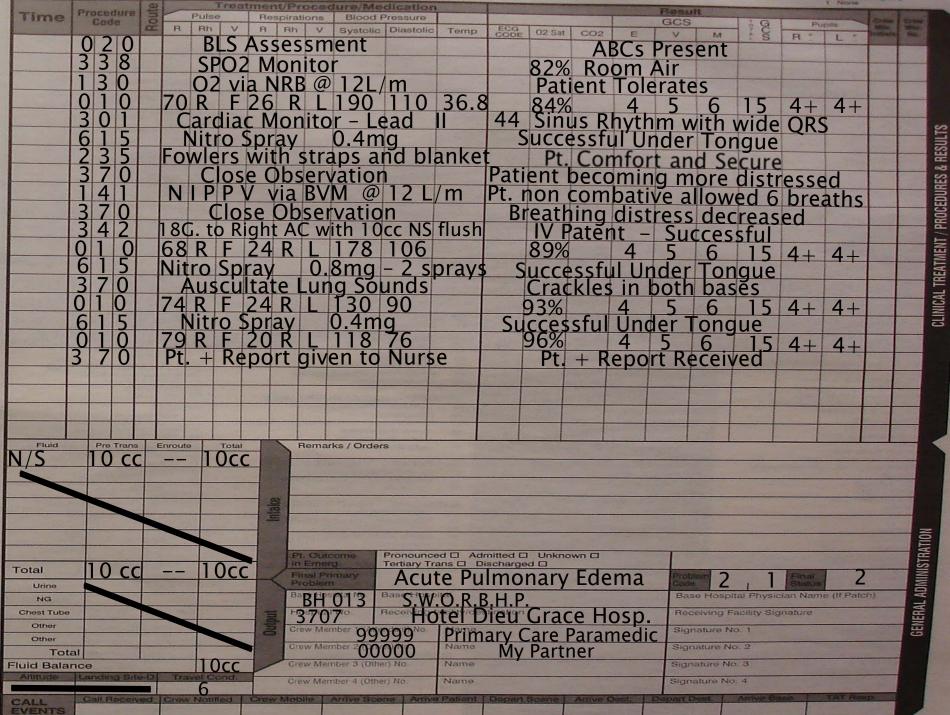
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## Summary

- Pulmonary Edema involves fluid accumulating in the alveoli of the lungs.
- It can be recognized by
  - Shortness of breath
  - Decreased LOC
  - Pink frothy sputum
  - Crackles in the lungs more often in the bases
  - It is usually the result of Left Sided Heart Failure



## Summary

- Treatment of Pulmonary Edema includes
  - Sitting the patient upright position of comfort
  - NIPPV via BVM with 100% oxygen
  - Nitroglycerine
  - CPAP



## **Questions?**

