

# RETU CHF Pathway

Required testing prior to RETU admission

- ECG
- CXR
- room air pulse oximetry

ED  
Evaluation

Not appropriate for RETU

- Requires NIPPV or IV NTG
- Associated cardiac ischemia
- Anasarca
- Pulmonary edema
- Acute renal failure

RETU Intake Evaluation  
(do not repeat testing if already done in ED)

Exam Focus

- Cardiac
- Pulmonary
- Vascular

Initial Testing

- Labs: CBC, Chem 7, troponin, BNP (others as clinically indicated)
- Imaging: as clinically indicated

Monitoring

- Continuous telemetry monitoring
- Serial troponins
- Strict Ins and Outs
- Daily weights

Consults

- Heart Failure Team as indicated by presence of High Risk Features\*

## RETU Treatment / Evaluation

High Risk features present?

Y

Heart Failure Consult

N

Echo within past 6 months?

N

Consider TTE

Y

Treatment Focus

Volume

- Lasix 80mg Q8

+ / -

Loading Conditions

- (if patient hypertensive)
- NTG
- consider ACE / ARB

\*High Risk Features

- >1 hospitalization in past year
- elevated troponin
- Worsening renal failure
- Ventricular tachy-arrhythmia

Nitroglycerin Delivery

- Sublingual for acute worsening
- Paste if remains hypertensive

Ready for discharge within 24 hours?

N

Admit as inpatient

## Disposition Guidelines

Discharge from RETU

- Symptoms significantly improved
- Associated serious process excluded
- Acceptable pulse oximetry

Admission to Hospital

- Symptoms failed to significantly improved
- Associated serious process identified
- Desaturation with exertion or lying flat