

acute heart failure

 Nurses should know which drugs are likely to be used and how they are normally given so that the drugs can be given as quickly as possible.

acute heart failure

- after CPR
- anaesthetic overdose
- pericarditis
- metabolic illness
- progressive CHF

severe acute heart failure treatment priorities

- avoid excitement
 sedate if necessary
 benzodiazepine ± opioid
- give oxygen
 oxygen cage
 mask
 nasal tube
- place large bore iv catheter
 sedate if necessary
 benzodiazepine ± opioid
 cut down if necessary
 local anaesthetic
- give frusemide iv 1 - 2 (up to 8 in dogs)mg/kg/hr
- **5** attach ECG machine
- 6 make diagnosis x rays, ultrasound, etc
- vasodilators
 inotropes
 antiarrhythmics
 fluids

chronic heart failure

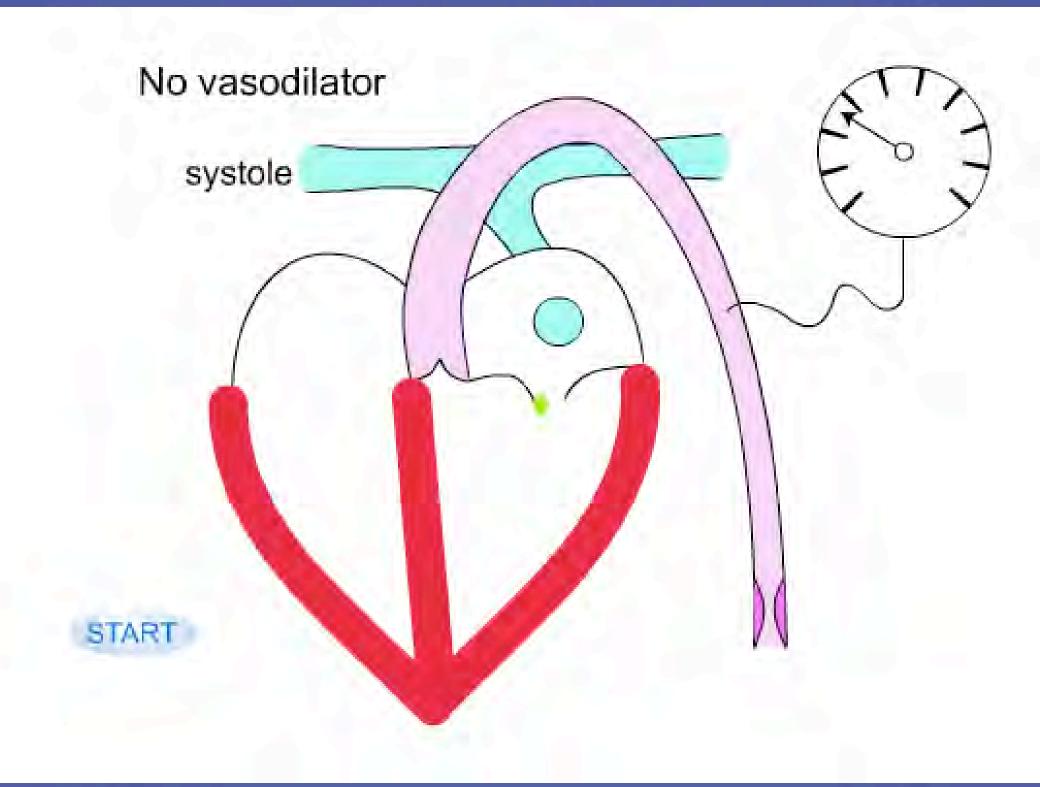
 Nurses should know how to advise owners about minor side effects and how to cope with major side effects until a veterinary assessment can be made.

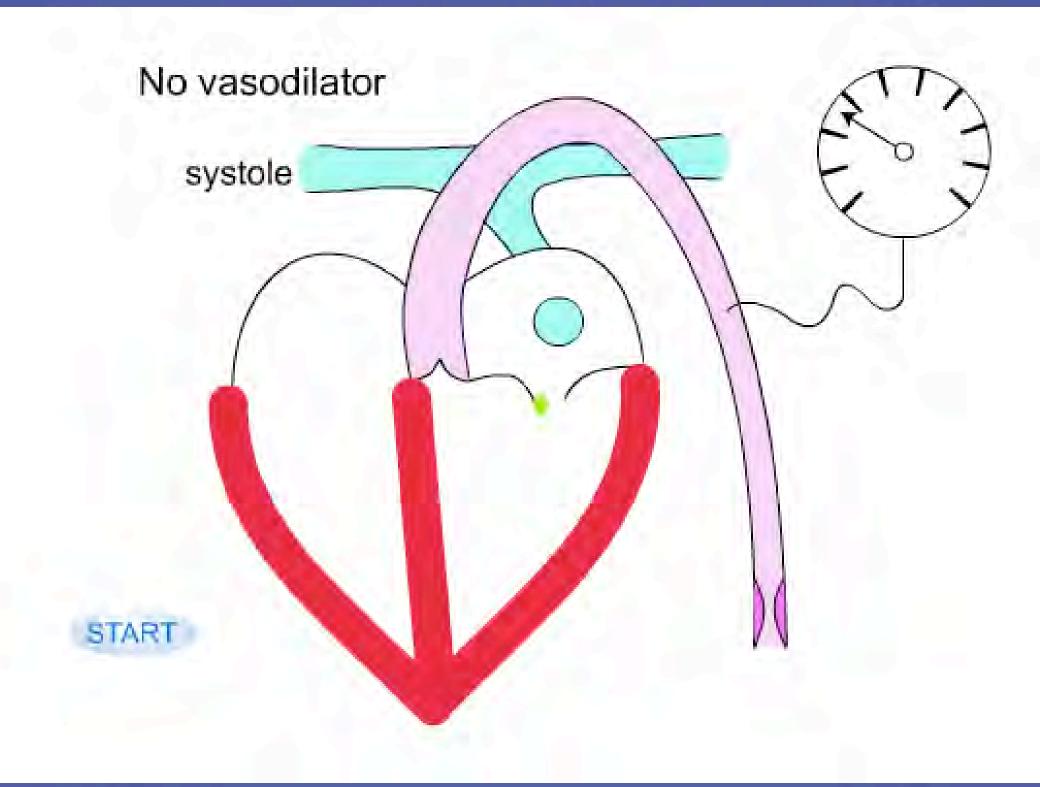
CHF

- cardiac output down
- blood pressure down
- sympathetic tone up
 - vasoconstriction
 - tachycardia
- salt and water retention up

congestive heart failure

- rest
- low salt diet
- vasodilators
- diuretics
- long acting inotropes
- (antiarrhythmics)







- angiotensin converting enzyme inhibitors
- nitrates
- odds & sods



- congestive heart failure
- especially mitral regurgitation
- ± diuretics

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side effects

- hypotension (± tachycardia)
- anorexia
- vomiting
- diarrhoea
- (cough)

care

- hyponatraemia
 - -frusemide
- renal failure
- breeding bitches



congestive heart failure

- rest
- low salt diet
- vasodilators
- diuretics
- long acting inotropes
- (antiarrhythmics)

diuretics

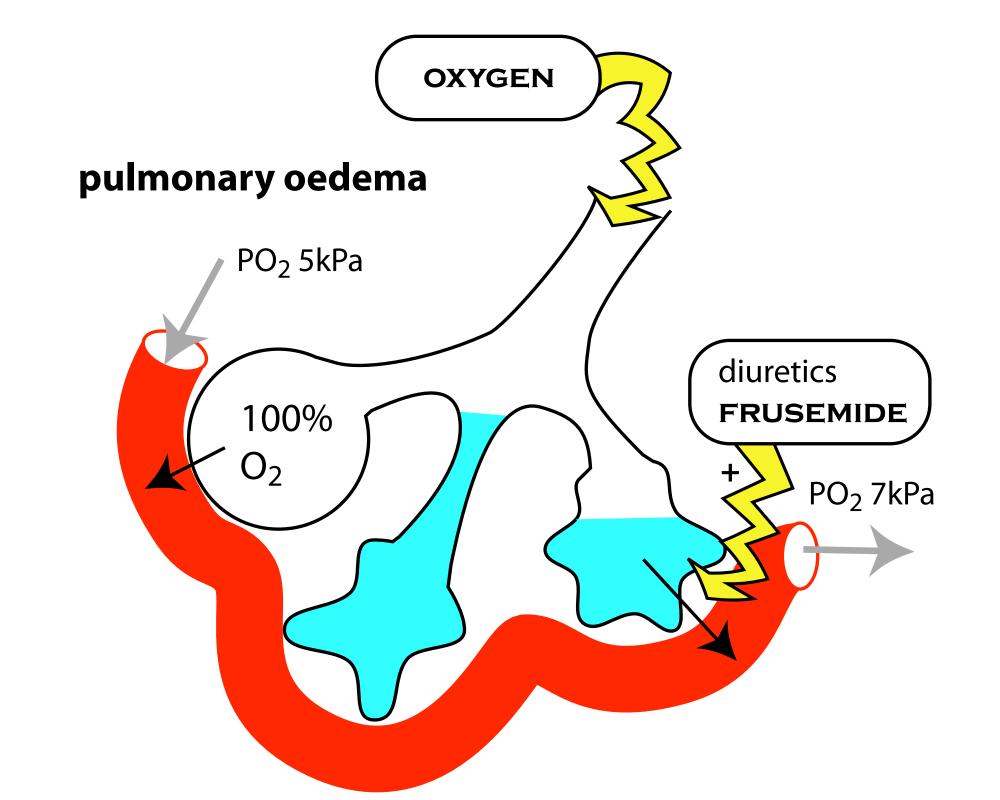
- act on the kidney to increase urine flow
- most block reabsorption of ions from tubules
- water kept in tubules by osmotic pressure



- reduce pulmonary oedema
- reduce preload

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- frusemide
- (hydrochlorthiazide)
- (mannitol)

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side effects

- hypovolaemia
- hypokalaemia
- metabolic alkalosis
- hypocalcaemia / hypomagnesaemia
- tolerance

interactions

- increased PCT toxicity
 - aminoglycosides
 - -out of date tetracyclines
 - -some obsolete cephalosporins
- potentiates digoxin
- ACE inhibitors?

congestive heart failure

- rest
- low salt diet
- diuretics
- vasodilators
- long acting inotropes
- (antiarrhythmics)



- sympathomimetics
- cardiac glycosides
- phosphodiesterase inhibitors





effects

- positive inotropic
- negative chronotropic

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indications

- congestive heart failure
 - -especially DCM
- supraventricular tachycardias
 - -atrial fibrillation

side effects

- cardiac
 - ventricular tachyarrhythmias
 - -heart block
- generalised
 - -nausea / anorexia
 - vomiting

contra-indications

- ventricular tachycardias
- pericardial disease

toxicity

- mild
 - reduce dose / withdraw drug
- ventricular tachyarrhythmias
 - lignocaine, phenytoin
 - Ca blockers
- accidental overdose
 - cholestyramine
 - digoxin antibodies

interactions

- do not use with
 - -quinidine
 - -verapamil
- care with
 - -diuretics
 - -altered K+ concentrations



- sympathomimetics
- cardiac glycosides
- phosphodiesterase inhibitors

phosphodiesterase inhibitors

- methylxanthines
 - caffeine
 - theophylline
 - aminophylline
 - etamiphylline
 - theobromine
- synthetic
 - milrinone
 - oxpentifylline
 - sildenafil

PDI effects

- positive inotropy
- vasodilatation
- bronchodilatation
- CNS stimulation
- diuresis





- tachyarrhythmias
- convulsions

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general rules

- know about minor side effects
- avoid excitement
- get vet to check animal if in doubt

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