

# EXHALE ACADEMY CSE CHEAT SHEET #15

## CHF & PULMONARY EDEMA

### RECOGNIZE IT

- History: MI, CAD, hypertension, cardiomyopathy, heart failure.
- Sudden or gradual dyspnea and orthopnea.
- Pink frothy secretions = classic pulmonary edema clue.
- Crackles/rales, rhonchi, increased fremitus.
- Pedal edema, JVD, fluid overload signs.

### GATHER

- Blood pressure and heart rate are important.
- SpO2 and work of breathing.
- ABG if respiratory distress or failure.
- CXR: pulmonary edema, cardiomegaly may appear.
- ECG/cardiac markers if MI/ischemia suspected.
- Hemodynamics if shock/unclear edema type.

### TREATMENT

- Oxygen for hypoxemia.
- CPAP/BiPAP for pulmonary edema with distress if patient can tolerate.
- Diuretics to remove fluid.
- Vasodilators may be used depending on BP/orders.
- Intubation/mechanical ventilation if failing or unable to protect airway.

### DIFFERENTIATE FROM ARDS

- CHF edema is cardiogenic/fluid overload.
- ARDS edema is noncardiogenic and often follows sepsis/trauma/aspiration.
- CHF often has cardiac history and fluid overload clues.
- ARDS has refractory hypoxemia and low compliance pattern.

### EXAM TRAPS

- Wheezing with CHF is not asthma - look for fluid clues.
- Do not ignore BP in cardiovascular disease.
- Do not give bronchial hygiene for frothy edema secretions as the primary move.

### EXHALE MEMORY LINE

**Pink frothy secretions: think CHF pulmonary edema -> positive pressure + diuresis + oxygen.**