

# SARASOTA MEMORIAL HOSPITAL NURSING DEPARTMENT POLICY

**TITLE:** ACUTE CONGESTIVE HEART  
FAILURE EMERGENCY  
PROTOCOL

**POLICY #:** 126.338 (Cardiac)  
126.484 (Spec. Care)

**EFFECTIVE DATE:** 9/05

**REVISED DATE:**

**POLICY TYPE:**  DEPARTMENTAL  INTERDEPARTMENTAL  
 DEPARTMENTS PROVIDING NURSING CARE

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**Job Title of Reviewer:** Clinical Manager, Cardiac Acute Care

**PURPOSE:** To establish guidelines for the consistent method of treating Acute Congestive Heart Failure in the event a patient experiences an acute change in condition, warranting immediate intervention.

Patients with a history of the following are at an increased risk for the development of acute CHF: prior history of CHF, EF<40%, recent myocardial infarct, recent acute coronary syndrome, recent cardiac surgery, or significant hypertension.

**POLICY STATEMENT:** The Congestive Heart Failure Emergency protocol allows for immediate intervention by the Cardiac RN on CP2, CP3, CAC or CIC of a patient experiencing acute changes in condition as defined below, in collaboration with the Cardiac Clinical Manager, Relief Charge Nurse, Clinical Nurse Specialist, Clinical Practice Specialist, Centralized Telemetry RN, or Rapid Response Team member.

**EXCEPTIONS:** none

**DEFINITION(S):** Acute Change in Condition includes one or more of the following:

- Tachypnea: > or = 30 resp/min with O2 saturation < 90% on nasal cannula oxygen.
- Diaphoresis
- Cardiac wheezes and/or bibasilar rales
- increased anxiety

**PROCEDURE:** Stat Page the cardiologist or attending MD and may initiate the following "CHF Acute Emergency Protocol" order set:

- High Fowlers position
- Non Rebreather Mask to keep O2 sat > 90% (Ventimask if COPD history)
- Nitrostat 0.4 mg SL every 5 minutes x 3 as long as SBP > 120.
- Lasix 40 mg IV once if serum K+ > 3.5
- STAT page RT for ABG
- STAT 12 lead EKG
- Reason \_\_\_\_\_
- STAT portable CXR with wet read to floor
- Reason \_\_\_\_\_
- Obtain STAT troponin/myoglobin if not done within prior 24

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hours

Contact the attending MD or Cardiologist in accordance with SMH Policy (01.MD.32) Contacting Physicians Absent from the Facility to alert them that Protocol was initiated and provide patient response to treatment.

**RESPONSIBILITY:** It is the responsibility of the department director to see that nursing personnel are aware of, and adhere to, this department policy.

**REFERENCE(S):** Woods SL, Froelicher ES, Motzer SU. *Cardiac Nursing*, 4<sup>th</sup> ed. Philadelphia: Lippincott William and Wilkins, 2000.

Shamai Gossman, MD, MS, Instructor, Department of Emergency Medicine, Harvard Medical School; Director. "*Congestive Heart Failure and Pulmonary Edema*", eMedicine Clinical Knowledge Base, 2004. 16 February 2005

<http://www.imedicine.com/printtopic.asp?bookid=3&topic=108>

SMH Policy (01.MD.32) Contacting Physicians Absent from the Facility. (2004). SMH: Author.

SMH Policy. (01.ADM.00). Chain of Command for Clarifying Physician Orders. (2004). SMH: Author.

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**ATTACHMENT(S):** None.

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**APPROVALS:**

Signatures indicate approval of the new or reviewed/revised department policy      Date

<b>Signature:</b> <b>Title:</b> Connie Andersen, Director, CP1, CP2, CP3, CAC, CIC	
<b>Signature:</b> <b>Title:</b>	
<b>Signature:</b> <b>Title:</b>	
<b>Signature:</b> <b>Title:</b>	
<b>Committee/Sections (if applicable):</b>	
Cardiology Section	8/28/03
Medical Executive Committee	9/22/03
Nursing Standards & Practice	8/4/05
<b>Vice President/Administrative Director (if applicable):</b> <b>Signature:</b> <b>Title:</b> Jan Mauck, Vice President, Chief Nursing Officer	