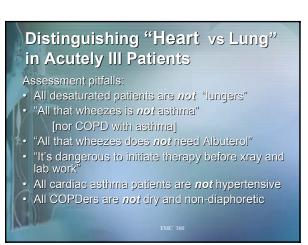
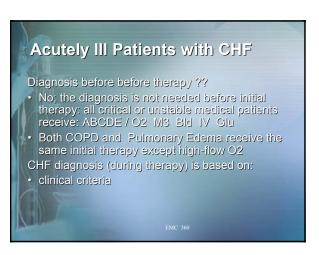
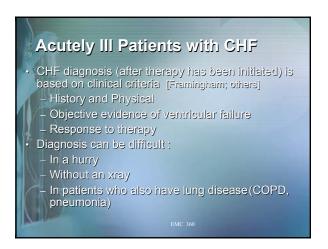


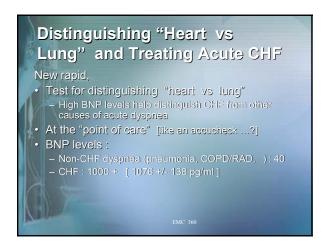
## Distinguishing "Heart vs Lung" in Acutely III Patients When faced with a patient in respiratory distress, the emergency clinician is: Focused on the initial assessment and intervention Not primarily focused on making a specific diagnosis Aware that the initial management of COPD and pulmonary edema have many similarities but also a few significant differences

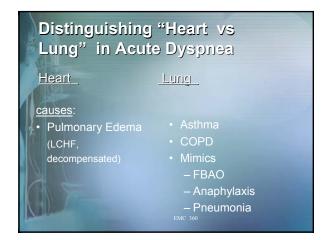


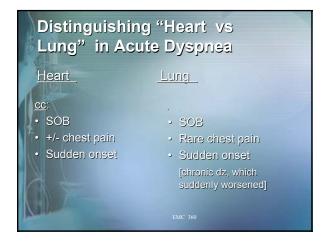
## Distinguishing "Heart vs Lung" in Acutely III Patients Assessment pitfalls: • "All that wheezes is <u>not</u> asthma" • Adult <u>wheezing</u>, has many causes; in a "CUPS" assessment, a critical or unstable patient often has wheezing - due to RAD — Both COPD and Pulmonary Edema trigger RAD Treatment pitfall: • Failing to treat bronchospasm because: "Heart patients (Pul Ed) must not be given Albuterol"

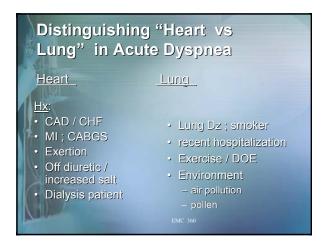


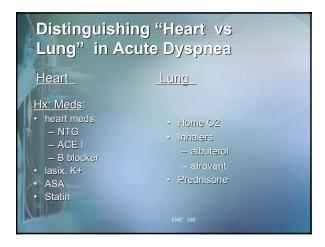




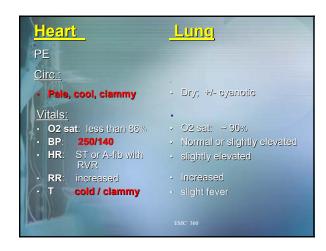




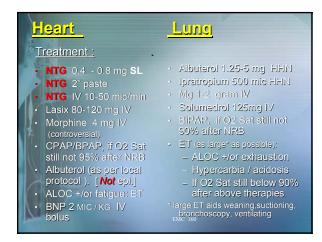


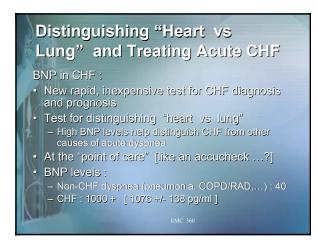


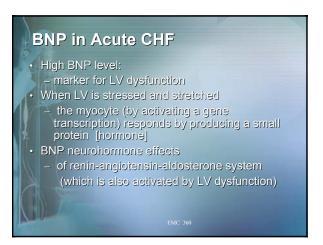
Heart_	<u>Lunc</u>
PE Across the Room	
<ul><li>Upright</li><li>Agitated</li></ul>	· restless
Airway: Pink frothy	· "sniff"; pursed lips
Breathing: • +/- wheezing	• +/- wheezing
	EMC 360



Heart_	Lung
CHEST:	
• wheezes + wet rales	wheezing or quiet
CV:	
CV: • "S <sub>3</sub> ; S <sub>4</sub> "if SBP 220+	<ul> <li>distant heart tones</li> <li>(barrel chest)</li> </ul>
<u>Treatment</u>	
High flow O2 NRB	<ul> <li>low flow O2 , unless in respiratory failure</li> </ul>
No.	EMC 360









## IV BNP for Treating Acute CHF IV BNP, nesir itide (Natrecor): MOA: Sodium excretion (natriuresis) Diuresis Vasodilation May be indicated for acute decompensated CHF Response to treatment can be assessed Dose: 2 mic / kg IV bolus; then 0.01 mic / kg / min IV continuous drip

## BNP in Acute CHF CHF pathophysiology causes elevated BNP BNP blood sampling can accurately detect CHF IV BNP can be an effective as treatment for CHF (1) IV BNP is as effective as standard treatment (1) BNP levels can be used as a: test for response to therapy predictive marker for limitation and for sudden cardiac death in CHF patients (2) (1) Calucci NEJM 2010:534:249-253 (2) Berger, Circulation EMC 360

