

**Jackson County Medical Control Authority**  
**Community Paramedicine Protocols**  
**CONGESTIVE HEART FAILURE**

Date: November 2014

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### ***Congestive Heart Failure***

**Indications:** This protocol provides general guidance for the evaluation of patients with Congestive Heart Failure (CHF) under the Community Paramedicine Program. The CPU will respond to a residence on request from the primary care provider, on request by the patient through 911 triage or on referral from ALS 911 response. The CP will follow guidelines outlined by the primary care providers, EMS treatment protocols or on-line medical direction orders for the management of CHF.

**Purpose:** Assist the patient (family/caregiver) by increasing awareness of the disease through education on pathology. Monitor patient condition after hospital discharge including: patient medication compliance, patient diet and fluid intake. Monitor the patient's weight. Communicate with the primary care provider or on-line medical direction on the condition of the patient as well as on the general well-being of the patient as well as continuing medication reconciliation and continuity plan.

**CPU Directives:**

1. Follow **General Protocol for CPU Patient Assessments**.
2. Obtain and review patient health history and primary care provider's orders prior to evaluation when available.
3. If no immediate treatment is needed, perform medication review, and patient education.
  - a. Review pathophysiology with the patient.
  - b. Record the patient's current history including: diet, fluid intake, success of diuretic treatment if ongoing.
  - c. Review devices used by the patient including: oxygen, diuretics, CPAP and other medications being used for maintenance.
  - f. Review when to call health care provider.
  - g. Contact the primary care provider (PCP) to confirm the continuity plan.
4. If immediate treatment is needed follow the **Pulmonary Edema/CHF Protocol** as follows:
  - a. Consider CPAP / Bi-PAP (if available). See **CPAP/BiPAP Administration Procedure**. The need for CPAP/BiPAP should trigger transport.
  - b. Obtain 12-lead ECG if available. Follow local MCA transport protocol if ECG is positive for ST segment elevation myocardial infarction (STEMI) and alert hospital as soon as possible.
  - c. Inquire of all patients (male and female) if they have taken Viagra (sildenafil citrate) or similar erectile dysfunction medications or medications used to treat pulmonary hypertension in the last 48 hours. If yes, do not administer

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nitroglycerin and contact the patient's PCP or contact on-line medical direction.

- d. If BP above 100 mmHg, administer Nitroglycerin 0.4 mg SL. Repeat every 3-5 minutes if BP above 100 mmHg. Nitroglycerin may be administered prior to IV placement if the BP is above 120 mmHg.
  - e. If wheezing or bronchial constriction administer nebulized Albuterol 2.5 mg/3ml.
5. Contact the PCP or on-line medical direction per the **General Protocol for CPU Patient Assessments**. Consider administration of Furosemide 20 – 100mg IV for patients with fluid overload and insufficient diuresis on home medications. Dosage should be determined in consultation with the PCP or on-line medical direction.
  6. Continue treatment and follow the **General Protocol for CPU Patient Assessments** until a disposition is determined and continuity plan completed. This plan may include return visits for those patients who received on-scene treatment.