NOTES HARBOR · CARDIOVASCULAR

Heart Failure — Quick Review Sheet · ورقة المراجعة السريعة

High-yield recall for pre-exam / pre-shift use (5–10 minutes).

Definition

A clinical syndrome from a structural/functional cardiac abnormality causing symptoms/signs through elevated filling pressures and/or reduced output.

Pathophysiology

Pump/filling dysfunction → ↓ forward flow and/or ↑ filling pressure → SNS + RAAS → vasoconstriction + Na^+/water retention → congestion + workload + remodeling.

Must-know symptoms

- Exertional dyspnea, orthopnea, PND
- Fatigue, edema, rapid weight gain
- Abdominal fullness / early satiety

Left vs Right

Left = lungs (dyspnea, orthopnea, crackles). Right = systemic veins (JVD, edema, hepatic congestion/ascites). Often overlap.

Assessment

ABCs, RR/SpO_2, HR/rhythm, BP, mental status, lungs, JVP, edema, skin/perfusion, urine output, weight, I/O, triggers.

Investigations

ECG, chest imaging, BNP/NT-proBNP, echo, renal function/electrolytes, CBC, glucose/HbA1c, LFTs, iron studies, thyroid; troponin when indicated.

Medications

Long-term HFrEF: RAAS/ARNI pathway + evidence-based beta-blocker + MRA + SGLT2 inhibitor. Congestion: loop diuretic.

Nursing priorities

Recognise instability; support breathing; oxygen if hypoxemic/indicated; give prescribed therapy; monitor response, BP, rhythm, renal function, electrolytes, urine, I/O, weight; educate + follow-up.

Red flags

Severe dyspnea, worsening hypoxemia, hypotension + poor perfusion, confusion, oliguria, chest pain, syncope, sustained dangerous arrhythmia.

Exam traps

Preserved EF ≠ no HF · edema not specific · BNP does not classify EF · crackles can be absent · oxygen not routine · diuretics ≠ whole plan.

ملاحظة

الإصدار الكامل بالعربية مع المصطلحات الإنجليزية متاح داخل المنصّة ضمن «مراجعة سريعة». Preserved EF ≠ لا HF · الأكسجين ليس روتينيًا · Diuretics تخفّف الاحتقان لكنها ليست الخطة المعدّلة كاملة.