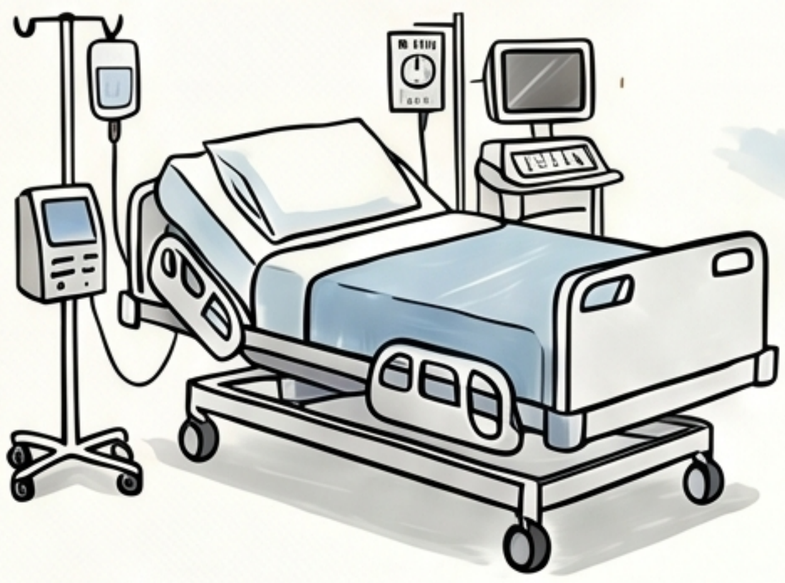
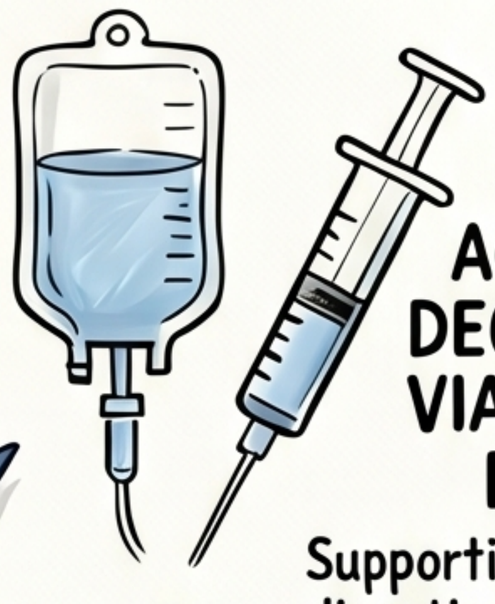
MANAGING THE CRISIS: THE ACUTE HEART FAILURE ROADMAP

A clinician's guide: From emergency stabilization to preventing the revolving door.

PHASE 1: IN-HOSPITAL STABILIZATION

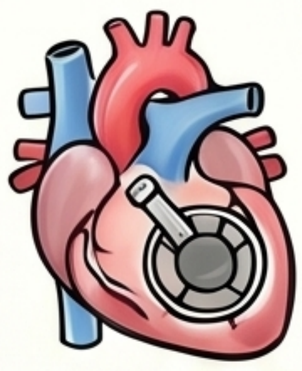


AGGRESSIVE DECONGESTION VIA HIGH-DOSE DIURETICS



Supporting Detail: Use IV loop diuretics at 2.5x the oral dose for faster symptom relief.

EARLY MECHANICAL SUPPORT FOR CARDIOGENIC SHOCK



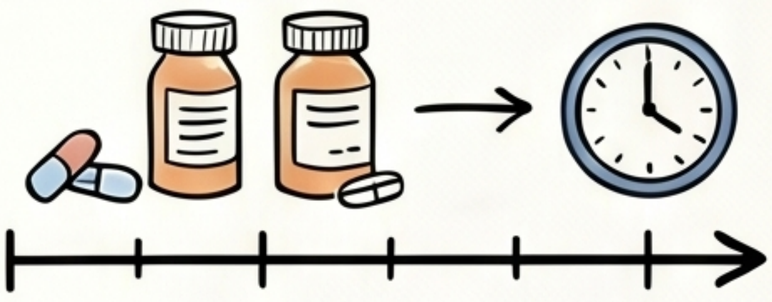
Impella

Supporting Detail: Prioritize early Impella unloading before full hemodynamic collapse to improve 180-day survival.

STRATEGY EVOLUTION (Evidence Snapshot)

IABP (Balloon Pump)	→	No longer Routine	→ IABP-SHOCK II
Impella (Early)	→	Preferred in MI-Shock	→ ☆ DanGer Shock (2024) ☆
VA-ECMO	→	Refractory Cases Only	→ ECMO-CS Trial

PHASE 2: CLOSING THE REVOLVING DOOR



THE STRONG-HF RAPID OPTIMIZATION

Supporting Detail: Initiate and rapidly titrate GDMT drugs during and immediately after the hospital stay.

37% REDUCTION IN ADMISSIONS VIA REMOTE MONITORING

Supporting Detail: Use CardioMEMS sensors to adjust treatment based on pulmonary artery pressure before symptoms appear.

THE CRITICAL 14-DAY WINDOW

Supporting Detail: Ensure multidisciplinary clinic follow-up occurs within 7–14 days of discharge to reduce mortality.

THE "READY FOR DISCHARGE" TARGET

- ☑ Clinical decongestion
- ☑ NTproBNP levels trending below 1000 pg/mL

Life Science Feed | REFERENCES [1] Felker GM et al. DOSE. N Engl J Med. 2011;364:797-805 · [2] Mebazaa A et al. STRONG-HF. Lancet. 2022;400:1938-1952 · [3] Thiele H et al. IABP-SHOCK II. N Engl J Med. 2012;367:1287-1296 · [4] Moller JE et al. DanGer Shock. N Engl J Med. 2024;390:1304-1315 · [5] Abraham WT et al. CHAMPION. Lancet. 2011;377:658-666 | ART-2026-242