

Kent County EMS, Inc.
Community Paramedicine Protocol
Congestive Heart Failure

Initial Date: 10/21/2019

Revised Date:

Section 11-4

Congestive Heart Failure

This protocol provides general guidance for the evaluation of a patient with history and symptoms of congestive heart failure.

Purpose: Evaluation and treatment of patient with a diagnosis of congestive heart failure and signs or symptoms of exacerbation by Community Paramedic/Mobile Integrated Health Paramedics (CP/MIHP).

Directives:

1. Follow the *Community Paramedic General Treatment Protocol 11.2*.
2. Review the patient's health history and PCP or other specialty physician standing orders prior to assessment when possible.
3. For patients who are in acute respiratory distress and have two of the qualifying symptoms below, the CP/MIHP will perform the following:

Qualifying Symptoms Include:

- Tachypnea
 - Rales
 - SPO2 saturation below 92%
 - Weight gain of >2lbs. in one day
 - Weight gain of >5lbs. in one week
- a. Consider CPAP. See *CPAP* protocol 7.5. The need for CPAP should trigger entering the 911 system.
 - b. Obtain 12-lead ECG according to the county 12-lead ECG protocol. Follow local MCA transport protocol if ECG is positive for ST segment elevation myocardial infarction (STEMI) and alert hospital as soon as possible.
 - c. Instruct the patient or caregiver to take an extra dose of their prescribed oral diuretic if available.
 - d. 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 nitroglycerin.
 - e. 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.
 - f. Blood collection for serum electrolytes, renal function, and BNP may be obtained and brought to a local hospital or outpatient laboratory (per *Specimen Collection Protocol 11-10*) that is affiliated with the patient's PCP or other specialty physician.
 - g. Consider contacting the PCP or other specialty physician, and oversight physician (as outlined in the *TANDEM365 Physician Oversight Protocol 11-2*)

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- for orders for additional oral diuretics if diuresis is not sufficient with home medications.
- h. Consider contacting the PCP or other specialty physician, and oversight physician (as outlined in the *TANDEM365 Physician Oversight Protocol 11-3*) for IV Lasix to be obtained through an infusion pharmacy if fluid overload persists and diuresis is insufficient with oral medications.
 - i. The CP/MIHP will communicate with the patient's care team as outlined in the *General Treatment Protocol 11-2* to develop a continuity plan.
4. For patients who do not require immediate treatment or do not have two or more of the qualifying symptoms, perform medication review and patient education.
- a. Review pathophysiology with the patient.
 - b. Record the participant's current history including diet, fluid intake, and success of diuretic treatment if ongoing.
 - c. Review devices used by the participant including oxygen, diuretics, CPAP, and other medications being used for maintenance.
 - d. Review when to call the health provider.
 - e. The CP/MIHP will communicate with the patient's care team as outlined in the *General Treatment Protocol 11-2* to develop a continuity plan.