

CHF EXACERBATION

**Patient ID:**

68 year-old male . PMHx: HTN    Weight 70kg                      NKDA                      ECS – Standard Man

<u>STATE NAME</u>	<u>PATIENT STATUS</u>	<u>ACTIONS DESIRED</u>	<u>TRANSITIONS</u>
Initial Presentation	37    220/110    34    91% BS Rales, S3 Shunt 0.25 HR 1.4	IV O2 monitor Nitrates, diuretics Cardiac workup	If O2 given, go to Oxygen Applied If BB/BZD given, go to Respiratory Failure
Oxygen Applied	Sat improves to 93%	Intubation or NIPPV	If BB/BZD given, go to Respiratory Failure
Worsening Pulmonary Edema	175/95    RR 35    86-88%	Intubation or NIPPV	If BB/BZD given, go to Respiratory Failure If intubated or NIPPV initiated, go to Stabilized
Respiratory Failure	HR 120    40    80%	Intubation or NIPPV	If intubated or NIPPV, go to Stabilized
BiPap or Intubated (Stabilized)	37    160/90    18    98%	Admit CCU	

**Simulation Notes:**

Transitions are manual to allow case to be paced with the trainee, but should generally occur after 2-3 minutes  
 Later states demonstrate lowered BP on the presumption that nitrates will be ordered. If they are not, may increase LV contractility factor to keep pressure elevated  
 Use shunt fraction to modify measured SaO2

*If a beta-blocker (or benzodiazepine) is ordered, pt should be immediately transitioned to Respiratory Failure state.*