Pharmacologic Algorithm for Diuresis in CHF

Patient volume overloaded (S/PN, PND, Orthopnea, Edema) → Low Sodium diet 2 Liter Fluid Restriction Loop Diuretic (e.g., Furosemide 40mg) → Achieve dry weight or improving symptoms, volume status → Yes → Monitor 1,2

No → Lasix daily dose ≥ 320mg? Yes → Add Thiazide-like Diuretic 4

No → Double the dose

CrCl ≥ 40mL/min → Add Thiazide-like Diuretic 4

No → Metolazone 5mg with Furosemide 4

Yes → Achieve Dry weight or improving symptoms, volume status → Monitor 1,2

No → SCr <2.5 mg/dl or CrCl ≥ 40 mL/min → Double HCTZ Dose

Yes → Monitor 1,2

No → If on HCTZ switch to Metolazone 5mg. If on Metolazone double the dose.

1. Monitoring Parameters:
   * Weights: initially 1-2lbs weight loss per day until "ideal" weight achieved
   * Volume depletion
     - Hypotension
     - Dizziness
     - Decreased urine output
     - Increased BUN (BUN/Cr > 20)
   * Electrolytes
     - Supplement K+ if <3.5 mg/dL in patient not on Digoxin and K+ < 4.0 mg/dL if patient on Digoxin

2. If patient symptoms are controlled during day, but worse at night, may need to administer diuretic regimen in evening or more frequently as needed

3. When Furosemide dose is >80-120 mg/day, use BID dosing

4. May require increase in monitoring and tighter control of K+, Mg2+.