Diuretic Therapy in Different Clinical Trajectories

Figure 6
Use this figure to guide therapy at different clinical trajectories.

Guidance on Diuretic Therapy

Initiate IV loop diuretics early (ER or immediately after admission)
Initial dose usually 1-2.5 times total daily oral loop diuretic in furosemide equivalents
Prescribe IV diuretics (every 8-12 hr or continuous), depending on patient characteristics, diuretic response, kidney function

Monitor symptoms, signs, urine output, BP, electrolytes, and assess trajectory (Fig 4)

Trajectory: improving towards target (Fig 7)
Continue diuretics
• Target relief of congestion
• Plan for transition to oral therapy

Escalate diuretics
• Usually increase loop diuretic dose by 50-100%
• Consider metolazone 2.5-5 mg 1-2x daily
• Consider other thiazides

Trajectory: Initial improvement, then stalled (Fig 8)
Change course
• Escalate diuretics
• Consider other decongestion strategies
• Consider hemodynamic monitoring
• Consider inotropes
• Consider advanced therapies

Trajectory: Not improved/worsening (Fig 9)

BP = blood pressure; ER = emergency room; IV = intravenous