Patient Response to IV Diuretics – Clinical Management Flowchart (ACC 2019) **Continue diuretics Trajectory:** Target relief of improving congestion Initiate IV loop towards • Plan for transition target (Fig 7) diuretics early (ER to oral therapy or immediately after admission) **Escalate diuretics** Initial dose usually Usually increase 1-2.5 times total **Trajectory:** Monitor symptoms, loop diuretic daily oral loop Initial signs, urine output, IV dose by 50-100% diuretic in furosemide BP, electrolytes, and improvement, **Diuretics** equivalents Consider metolazone then stalled assess trajectory 2.5-5 mg 1-2x daily (Fig 4) (Fig 8) Prescribe IV diuretics Consider other (every 8-12 hr or thiazides continuous), depending on patient characteristics, **Change course** diuretic response, **Trajectory:** • Escalate diuretics kidney function Not improved/ Consider other worsening decongestion (Fig 9) strategies Consider hemodynamic monitoring Consider inotropes • Consider advanced therapies