

short-term mortality (16). The underlying pathophysiology is mostly related to vascular causes associated with limited left ventricular compliance or a rapidly changing pressure-volume relationship.

Clinical Scenario 2 (CS2): Dyspnea and/or Congestion With Normal SBP (100–140 mm Hg). In contrast to CS1, symptoms in patients with CS2 generally develop gradually, along with a progressive increase in body weight. The congestion is due to

dence of gradual onset of dyspnea and gradual increase of body weight because of the likelihood of high filling pressure and systemic edema. The recommended initial dose is furosemide 20–40 mg intravenously at admission. The dose should be up-titrated ac-

mendan significantly improved a composite of clinical signs and symptoms of AHFS compared with placebo over 5 days

sicker population who would most likely
be classified as CS2 or CS3. Length of

