

Abstract

Loop diuretic (Furosemide) therapy plays a central role in the treatment of acute heart failure. Although many unanswered questions remain about the best approach for using diuretics in heart failure, their demonstrated efficacy at relieving congestion and the long clinical experience with these agents suggest that they will remain an important part in management of the heart failure. The results of DOSE trial suggest that some prior concerns about the safety of high-dose diuretics may not be valid. Ongoing investigation into the optimal strategies to maintain the efficacy of diuretics and minimize their adverse effects will continue to improve our understanding of these agents.

In our study we tried to detect the most useful method of furosemide administration whether continuous IV infusion or intermittent IV daily boluses under monitor of thoracic fluid content (TFC) by randomization of 40 patients (24 males, 16 females) admitted with a primary diagnosis of ADHF in 1:1 ratio into either continuous IV furosemide infusion or intermittent iv bolus doses .

Key words :

Heart Failure - Hemodynamic Monitoring .