

ARNI (RAS)
sacubitril/valsartan
HF Failure - ↑ EF

ARBs - Angiotensin II
receptor blockers
& vasodilation
• losartan
• valsartan

High Pressure:

- force of heart is working against

- volume
- tightness of vessels
- force of heart

Low Pressure:

severe vasodilation = SHOCK

- cardiogenic
- anaphylactic
- septic
- hemorrhagic

Vasopressors: ↑ BP by vasoconstriction

↓ influx of Ca²⁺ to smooth
Ca Channel Blockers: muscle
• verapamil • diltiazem
• nifedipine • felodipine
• nicardipine
• amlodipine

ACE Inhibitors: • lisinopril
• ramipril
• enalapril • benazepril
• perindopril • lisinopril
• captopril • trandolapril

MONITOR
BP
+ E-lytes
+ fluid -
→ kidneys

Diuretics:
↓ blood vol by
↑ fluid output
via kidneys

- ★ Thiazide
- ★ Loop
- ★ K⁺ Sparing
(aldosterone
antagonists)

BP = CO x SVR

Stroke Volume x HR

volume of blood
ejected per beat

Contractility
(force)

↑ cardiac efficiency & contractility

Beta Blockers: β₁ in heart

- atenolol
- labetalol
- bisoprolol
- carvedilol
- metoprolol

Cardiac glycosides
DIGOXIN
↓ myocardial
↑ force of contraction
improves SV & CO

Fluids: Vasopressin
↑ volume
- blood products
- IV fluid

↓ primary
concern =
perfusion

(Vasoconstriction)
Adrenergic agonists
- Epinephrine = Norepinephrine
- Dopamine
- Dobutamine

Vasodilators
• Nitro
• Hydralazine

Antianginal - Ranolazine
↓ Ca²⁺ channel / ↓ Na⁺ & Ca²⁺ in muscle

MONITOR:
all organ
perfusion