mid-range ejection fraction (HFmrEF) Vs. Heart failure with preserved ejection fraction (HFpEF) and the underlying cause of heart failure. 42% of patients had a daily weight chart, and weight was recorded for 67% of the cumulative days in hospital. 52% of patients had fluid balance charts, and were totaled on 29% of admission days (figure 1).

There were symptoms and signs of pulmonary oedema in 28% of patients, while 5% of patients had only signs of peripheral oedema, and 67% had symptoms and signs of both pulmonary and peripheral oedema (figure 2).

Conclusions Two thirds of patients admitted with AHF and requiring IV diuretics have reduced LV ejection fraction, ischemic heart disease is the most common underlying cause of heart failure among this population. Despite guidelines recommendations, close monitoring of weight and fluid balance in patients hospitalized due to acute heart failure, is not being documented as much as desired.

Conflict of Interest None