Cardiac failure is a clinical syndrome where the heart is unable to provide enough output required to meet the metabolic demands of the body. The causes and mechanisms of cardiac failure are significantly different between each cause. The management of congestive heart failure (CHF) is difficult and sometimes dangerous without knowledge of the underlying cause. Consequently, the first priority is acquiring a good understanding of the etiology.

The causes of heart failure other than congenital heart defects are less common in children. The causes would include rheumatic heart disease, cardiomyopathy which could be idiopathic, or secondary to myocarditis of various aetiologies such as viral, bacterial or drugs such as anthracycline. Chronic anaemia, hypocalcaemia, prolonged, recurrent or uncontrolled arrhythmias can also cause heart failure.

Knowing the aetiology will very much help in treating or controlling the heart failure, which include removal of the causative agents or treat the cause. Controlling the arrhythmias could mean controlling the heart failure in cases with persistent arrhythmias.

Medical treatment has not changed much in treating heart failure in children. The main and basic drugs being used are still the diuretics such as loop diuretics and aldosterone antagonists, and angiotensin converting enzyme inhibitors (ACE inhibitors). If the heart failure is associated with hypocontractile ventricles, inotropes such as dopamine and digoxin may have some roles. Digoxin may also act as an anti-arrhythmic. More recent drugs being used in paediatric population are angiotensin receptor blockers (ARBs) and beta-blockers especially for those patients with cardiomyopathy. Of course in certain centres, cardiac transplant is being offered to patients with advanced cardiomyopathy.