

ACUTE PULMONARY EDEMA

ALWAYS USE STANDARD PRECAUTIONS


INDICATION

- Acute onset of respiratory difficulty; associated with the following signs or symptoms:
 - Rales
 - Hypertension
 - Tachypnea
 - Diaphoresis
 - Chest discomfort
 - History of cardiac disease
 - Occasional wheezes
 - Near drowning

PHYSICIAN CONSULT

- **Opioid** administration
- If SBP < 80, obtain physician consult for **Push-dose Epinephrine**

TREATMENT

- ALS RMC
- If tolerated, position patient in a sitting position, with legs dependent.
- 12-lead ECG if available
- If SBP > 100:
 - Apply CPAP
 - **Nitroglycerin** 0.4 mg SL; MR q 5 if SBP > 100
- If SBP < 100, consider **NS** 250-500 ml IV fluid challenge
-  If SBP < 80 obtain physician consult for **Push-dose Epinephrine**:
 - Mix 1mL Epinephrine (0.1mg/mL concentration) with 9mL Normal Saline in a 10mL syringe
 - Administer Push-dose Epinephrine 1mL IV/IO every 3-5 minutes
 - Titrate to maintain a SBP >80mmHg
- Monitor blood pressure every five minutes

SPECIAL CONSIDERATION

- Do not give **NTG** if patient has taken erectile dysfunction medication (ED) within the previous 24 hours for Levitra/Viagra or 36 hours for Cialis.

DOCUMENTATION- ESSENTIAL ELEMENTS

- SpO2

RELATED POLICIES/ PROCEDURES

- CPAP Procedure ALS PR 13