



Respiratory Distress - Acute Pulmonary Edema

FIELD TREATMENT GUIDELINE M-04

INDICATION	<ul style="list-style-type: none"> Respiratory distress associated with history of pulmonary edema or congestive heart failure. <ul style="list-style-type: none"> Patients may have rales or occasional wheezes. Patients without history will typically present with elevated blood pressure in addition to abnormal lung sounds.
BLS	<ul style="list-style-type: none"> Follow General Medical Care M-01. For pediatric patients, follow General Pediatric Care P-01.
ALS	<ul style="list-style-type: none"> 12-Lead ECG BP-03. CPAP AP-04. Nitroglycerine: <i>Adult:</i> Sublingual <ul style="list-style-type: none"> With a blood pressure \geq 100 mmHg, administer 0.4 mg SL. With a blood pressure \geq 150 mmHg, administer 0.8 mg SL. Repeat every 3-5 minutes. MAX total dose of 8.0 mg. <i>Pediatric: Not locally indicated.</i> Nitroglycerine: <i>Adult:</i> If transport time is > 1 hour, administer ½ inch, applied to patient’s chest. If blood pressure drops below 100 mmHg, remove. <i>Pediatric: Not locally indicated.</i> Albuterol: <i>Adult:</i> 5 mg in 6 mL NS nebulizer. Repeat as clinically indicated. <i>Pediatric:</i> Nebulized; repeat as clinically indicated. Administer according to PediaTape weight calculation and Pediatric Medication Reference Cards. Can be administered via handheld nebulizer, mask, or in-line with BVM or via CPAP AP-04. Aspirin: <i>Adult:</i> If Acute Coronary Syndrome is suspected in the presence of chest pain, administer 162 mg PO as one time dose. Have patient chew if possible. <u>Do not use enteric coated tablets.</u> <i>Pediatric: Not locally indicated.</i>
KEY CONCEPTS	<ul style="list-style-type: none"> Begin immediate transport if patient presents as unlikely to improve on scene. Consider Cardiogenic Shock C-08 if patient presents with pulmonary edema and hypotension. CPAP is not a ventilation device. Patients with inadequate respiratory rates or depth of respiration will need assistance with a BVM.