PULMONARY EDEMA
(CHF)

This protocol is used for patients who are exhibiting signs of pulmonary edema/CHF including: dyspnea with rales and/or wheezing (cardiac asthma). The patient may also have diminished air exchange. Other treatment for the causes of pulmonary edema - CHF should be considered (e.g. supraventricular tachycardia, myocardial infarction and cardiogenic shock).

A patient with a history of CHF that has wheezing on auscultation of lung sounds should not be automatically classified as an "asthma patient".

The paramedic must remember that patients with CHF may also present with wheezing.

If the CHF patient does not have a history of asthma or allergic reaction, the more prudent assessment would be that of CHF (cardiac asthma).

Supportive Care

1. Medical Supportive Care Protocol, including pulse oximeter and capnography.

2. Place patient in Fowler's position, assist ventilations PRN. If BP <90 mmHg, place patient in semi-Fowler's position. If necessary to maintain perfusion, place patient supine.

3. If patient is hypotensive (systolic BP <90 mmHg).(b)

ALS Level 1

1. Consider need for CPAP.

2. If no improvement in patient’s pulse oximeter, capnography and mental status consider intubation.

3. If systolic BP ≥100 mmHg, Nitroglycerin (Nitrostat) 0.4mg SL, repeat every 3 minutes (maximum dose 1.2 mg). (b)(c)
ALS Level 2 (*Physician authorization required*)

1. Consider, additional Nitroglycerine (Nitrostat) SL, if systolic BP >100 mmHg, and patient has extended transport time. May give Nitroglycerin (Nitrostat) 0.4 mg SL, repeat every 3 minutes (maximum dose 1.2 mg).

    (b) (c)

Note:

(b) Consider clinical presentation of patient for signs of adequate perfusion.

(c) It is preferred to have an IV in place prior to NTG administration. However, if unable to establish IV, NTG may be administered with caution.

Nitroglycerine should not be administered to patients who have taken Viagra or other erectile dysfunction drugs within the last 48 hours.