

Subject: Treatment Guidelines – ALS  
**Acute Pulmonary Edema**

Associated Policies:

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- I. Priorities
  - A. ABC's.
  - B. Determine degree of physiologic distress: respiratory rate > 20, use of accessory muscles, cyanosis, inadequate ventilation, depressed level of consciousness.
  - C. Maintain airway, provide oxygen and ventilatory support.
  - D. Determine which causes best fit patient signs and symptoms, initiate treatment.
  - E. Rapid transport, if unconscious or conscious with progressive symptoms.
  
- II. Acute Pulmonary Edema without signs of shock:  
Acute onset of respiratory difficulty may have history of cardiac disease, rales, and occasional wheezes.
  - A. Ensure a patent airway.
  - B. Position of comfort.
  - C. Oxygen per Policy # 6030. Be prepared to support ventilations with appropriate airway adjuncts. Consider CPAP early for severe distress, when available.
  - D. Cardiac monitor.
  - E. Pulse oximetry.
  - F. IV access TKO.
  - G. Consider Nitroglycerin sublingually per Policy # 5312:
    - a. Systolic blood pressure greater than 100: Sublingual 0.4mg.
    - b. Systolic blood pressure greater than 140: Sublingual 0.8mg.
    - c. Systolic blood pressure greater than 180: Sublingual 1.2mg. May repeat every 3-5 minutes if blood pressure remains greater than 100.
  - H. North Coast EMS approved agency with a transport exceeding 45 minutes. Furosemide per Policy # 5308.
  - I. Albuterol per Policy # 5329. for wheezes. May repeat as needed.
  
- III. Acute Pulmonary Edema with signs of shock:  
Patient displays signs and symptoms of shock with wet lung sounds:
  - A. Ensure a patent airway.
  - B. Oxygen per Policy # 6030. Be prepared to support ventilations using appropriate airway adjuncts and positive pressure ventilations.
  - C. Consider CPAP device early. If blood pressure is less than < 90 do not exceed 5mm of PEEP pressure.
  - D. Early and rapid transport.

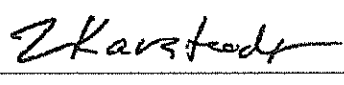
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- E. Cardiac monitor –Obtain 12 lead (if available) and treat dysrhythmias per specific treatment guidelines when dysrhythmia is determined to cause of signs and symptoms. Watch closely and reassess frequently for any rhythm changes.
- F. IV/IO access. Consider small fluid boluses for blood pressures less than 80 systolic DO NOT USE large boluses of fluid. Monitor blood pressure closely and minimize fluid administration.
- G. Obtain Blood Glucose. Administer Dextrose per Policy # 5306 with confirmed hypoglycemia.
- H. Keep the patient warm.
- I. Zofran IV per Policy # 5438 for nausea or vomiting. Medicate early for nausea to prevent any vomiting.
- J. Use Morphine per Policy # 5310 or Fentanyl per Policy # 5442 in small increments for chest pain to avoid a drop-in blood pressure.
- K. Consider Push Dose Epinephrine, Epinephrine drip per Policy # 5307 or Dopamine infusion per Policy # 5408 if systolic blood pressure remains less than <80.
- L. Be prepared for terminal dysrhythmias and have all resuscitative equipment ready for use.

Approved:  Date: 6/25/20

Approved as to Form:  Date: 6/25/20