

# ACUTE PULMONARY EDEMA STANDING ORDER

Initiate immediate supportive care:

- O<sub>2</sub> to keep O<sub>2</sub> SAT > 90%
- Cardiac monitor
- Position of comfort

Use standing orders on patients greater than 16 years of age with these symptoms:

- Respiratory Rate > 20
- Use of accessory muscles
- Labored breathing
- Rales/wheezing
- History of respiratory disease: including home O<sub>2</sub>, medications

Standing orders **should not** be used on patients <16 years of age with these symptoms:

- Altered LOC
- Hypotension
- Chest discomfort / Pain
- Upper airway obstruction
- Absent breath sounds
- Obvious or suspected trauma
- Cyanosis
- Atypical or confusing presentation
- Dysrhythmias – *where ACLS might be considered*

Patient meets criteria for standing orders; prepare for transport

Patient has mixed symptoms or patient wishes to refuse

Contact medical direction,  
**IMMEDIATELY**

Patient condition improves, no medical direction contact needed.

Administer:

- IV NS-TKO- If SB/P >140 give one (1) NTG (unless allergic) 0.4 mg SL every 5 minutes X 3; hold NTG if B/P drops below 90mm Hg- Give Lasix (unless allergic) 20 mg or twice normal daily dose IV Bumex (unless allergic) if Lasix (unless allergic) unavailable - 1 mg IV slow push (1-2 min)

No improvement or patient condition deteriorates, contact medical direction **IMMEDIATELY** and consider intubation if:

- Respiratory rate <8 - Pulse Ox <80% on O<sub>2</sub>
- Decreased LOC