

ACUTE PULMONARY EDEMA STANDING ORDER

Initiate immediate supportive care:

- O₂ to keep O₂ SAT > 90%
- Cardiac monitor
- Position of comfort

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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 O₂, medications

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Standing orders **should not** be used on patients <16 years of age or those with the following 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 has mixed symptoms or patient wishes to refuse

Patient meets criteria for standing orders; prepare for transport

Contact medical direction, **IMMEDIATELY**

Patient condition improves, no medical direction contact needed.

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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 to a max of 40mg
- IV-Bumex (unless allergic) if Lasix unavailable: 1 mg IV slow push (1-2 min)
- Albuterol (unless allergic) and Atrovent (unless allergic)/NS unit dose by SVN
- Repeat Albuterol only every 5 minutes as needed

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

- Respiratory rate <8 - Pulse Ox <80% on O₂
- Decreased LOC