

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 order on patients greater than 16 years of age with the these symptoms:
Respiratory Rate >24
Use of accessory muscles
Labored breathing
Rales / Wheezing
History of respiratory disease: including home O2, medications

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Standing order should not be used on patients < 16 years of age or those with the following symptoms:

Altered Level of Consciousness	Absent breath sounds
Chest discomfort / Pain (AMI presentation)	Upper airway obstruction
Obvious or suspected trauma	
Atypical or confusing presentation	Fever or symptoms suggestive of pulmonary infection
Dysrhythmias – where ACLS treatments might be considered	
Hypotension of uncertain etiology	

Level 1: Acute CHF with Hypotension (SBP < 90)
Administer:
• IV NS – TKO
• Dopamine 2-20 mcg/kg/min IV and titrate to SBP > 100
• Furosemide 0.5 to 1mg/kg IV. Maximum dose of 40mg.
If Furosemide unavailable - IV-Bumetanide: 1 mg IV slow push (1-2 min)

Level 2: Acute CHF with Hypertension (BP > 160/110)
Administer:
• IV NS – TKO
• Nitroglycerin 0.4mg sublingually (if systolic BP>100)
• Furosemide 0.5 to 1mg/kg IV. Maximum dose of 40mg
If Furosemide unavailable - IV-Bumetanide: 1 mg IV slow push (1-2 min)
• Morphine Sulfate 2-5 mg every 5 minutes (do not exceed a total of 10 mg) Carefully monitor blood pressure and respirations.
• Albuterol Sulfate and Ipratropium Bromide / NS unit dose by SVN
• Repeat Albuterol Sulfate only every 5 minutes as needed

Level 3: Acute CHF with Normotension (SBP > 90 AND < 160)
Administer:
• IV NS – TKO
• Nitroglycerin 0.4mg sublingually (if systolic BP>100)
• Furosemide 0.5 to 1mg/kg IV. Maximum dose of 40mg
If Furosemide unavailable - IV-Bumetanide: 1 mg IV slow push (1-2 min)
• Morphine Sulfate 2-5 mg every 5 minutes (do not exceed a total of 10 mg) Carefully monitor blood pressure and respirations.
• Albuterol Sulfate and Ipratropium Bromide / NS unit dose by SVN
• Repeat Albuterol Sulfate only every 5 minutes as needed

In cases of respiratory compromise where ventilatory support is indicated:
Respiratory rate < 8 or >24
Pulse Ox , 80 % on O2 SAT
Altered / Declining Mental Status

Consider one of the following therapies:

- BVM
- CPAP
- Intubation / RSI

In situations with:

- No improvement or patient condition deteriorates, contact medical direction IMMEDIATELY.
- Patient has mixed symptoms or patient wishes to refuse, Contact medial direction, IMMEDIATELY

Effective 1999
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