

ACUTE PULMONARY EDEMA STANDING ORDER

Initiate immediate supportive care:
O2 to keep O2 SAT > 90%
Cardiac monitor
Position of comfort

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

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Respiratory Rate >24
Use of accessory muscles
Labored breathing
Rales / Wheezing
History of respiratory disease: including home O2, medications

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

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

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)

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

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

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

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

Effective 1999

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