

ACUTE PULMONARY EDEMA

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Acute onset of respiratory difficulty; associated with the following signs or symptoms:
 - Rales
 - Hypertension
 - Tachypnea
 - Diaphoresis
 - Chest discomfort
 - History of cardiac disease
 - Occasional wheezes
 - Near drowning

📞 PHYSICIAN CONSULT

- **Morphine Sulfate**
- **Lasix**

TREATMENT

- ALS RMC
- If tolerated, position patient in a sitting position, with legs dependent.
- 12-lead ECG if available
- If SBP > 100:
 - Apply CPAP
 - **Nitroglycerin** 0.4 mg SL; MR q 5 if SBP > 100
 - 📞 If no improvement, consider physician consult for **Morphine Sulfate** 2-5 mg IV and/or **Lasix** 0.5 mg/kg IV
- If SBP < 100:
 - Consider **NS** 250-500 ml IV fluid challenge
 - Consider **Dopamine** 400 mg/250 NS (premix), begin infusion at 5 mcg/kg/min and increase to 10 mcg/kg/min, if BP <100. Monitor BP q 3-5 min

DOPAMINE			
400 mg in 250 ml D5W (pre-mixed)		60 drops/min = 60 ml/hr	
Weight (kg)	gtts/min to = 10 ug/kg/min	Weight (kg)	gtts/min to = 10 ug/kg/min
35-44	15 gtts/min	85-94	35 gtts/min
45-59	20 gtts/min	95-109	40 gtts/min
60-74	25 gtts/min	110 & up	45 gtts/min
75-84	30 gtts/min		

SPECIAL CONSIDERATION

- Do not give **NTG** if patient has taken erectile dysfunction medication (ED) within the previous 24 hours or Levitra/Viagra or 36 hours Cialis.

DOCUMENTATION- ESSENTIAL ELEMENTS

- SAO2

RELATED POLICIES/ PROCEDURES

- CPAP Procedure PR 13