

	<b>Department Name Address</b>	<b>ILS</b>	<b>EMT/Intermediate</b>
		<b>Revision #</b>	
		<b>Implementation Date</b>	
<b>Protocol</b>	<b>3.1.4 Congestive Heart Failure – Pulmonary Edema</b>	<b>Last Reviewed/Update Date</b>	
<b>Author / Owner</b>		<b>Medical Director</b>	

Pulmonary edema occurs when fluid from the blood plasma backs up in the lungs due to left sided heart failure (CHF) resulting from a left sided MI. Signs and symptoms include: dyspnea, orthopnea, rales and/or wheezing, and dependent pitting edema. Treating the underlying causes for pulmonary edema/CHF should be considered: SVT, MI, or cardiogenic shock. A patient with a history of CHF and wheezing should not be assumed to be an “asthma patient” unless there is a history of asthma or allergic reaction.

Treatment goals include: ensuring adequate oxygenation and ventilation, advanced life support, and safe timely transport to an appropriate facility.

1. Baseline care standards.
2. Place patient on cot in fowler’s position (head elevated 60 – 90 degrees) unless hypotensive.
3. Airway management per protocol.
4. Administer CPAP with 10 cm H<sub>2</sub>O PEEP.
5. Establish IV Normal Saline TKO.
6. If systolic blood pressure is greater than 100 mmHg, administer:
  - Nitroglycerine 0.4 mg SL every 5 minutes for 3 doses or until blood pressure drops to <100 mm/hg.
7. Call for ALS intercept.
8. Transport to nearest appropriate facility.

EMS PROTOCOLS

3.1.4 CONGESTIVE HEART FAILURE-PULMONARY EDEMA

DATE APPROVED

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*Medical Director's Signature*

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*Date*

Disclaimer:

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