






Pulmonary Edema / CHF

This protocol is to be followed for patients in acute respiratory distress situations, not chronic.

1. Follow **General Pre-Hospital Care Protocol**.
2. Initiate supplemental oxygen by non-rebreather mask.
3. Position patient upright with legs dependent, if possible.
-  4. Consider CPAP (if available) per **CPAP/BiPAP Procedure**.
-  5. Inquire of all patients (male and female) if they have taken Viagra (sildenafil citrate) or similar erectile dysfunction medications or medications used to treat pulmonary hypertension in the last 48 hours. If yes, **DO NOT ADMINISTER NITROGLYCERIN AND CONTACT MEDICAL CONTROL.** 
6. If BP above 100 mmHg, administer Nitroglycerin 0.4 mg SL. Repeat every 3-5 minutes if BP above 100 mmHg. Nitroglycerin may be administered prior to IV placement if the BP is above 120 mmHg. Continue administration in the presence of CPAP.
7. If wheezing, administer nebulized Albuterol 2.5 mg/3ml.
-  8. If indicated, consider an advanced airway.
9. Obtain 12-lead ECG if available. Follow local MCA transport protocol if ECG is positive for ST segment elevation myocardial infarction (STEMI) and alert hospital as soon as possible. (May be a BLS skill, per MCA selection, see **12 Lead ECG Procedure**)
-  10. If BP is less than 100 mmHg and signs/symptoms of shock, administer Epinephrine by push dose (dilute boluses) per **Epinephrine Protocol**.
 - a. Prepare (10 mcg/mL) by adding 1mL of 1mg/10mL Epinephrine in 9mL NS, then
 - b. Administer 1-2 mL every 2 to 5 minutes and titrate SBP greater than 90 mm/Hg.

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**CPAP/BiPAP
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Obtain 12 Lead ECG

Contact Medical Control

Administer push dose
Epinephrine per
Epinephrine Protocol