Pulmonary Edema



History

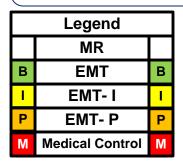
- Congestive heart failure
- Past medical history
- Medications (digoxin, lasix)
- Viagra, Levitra, Cialis
- Cardiac history --past myocardial infarction

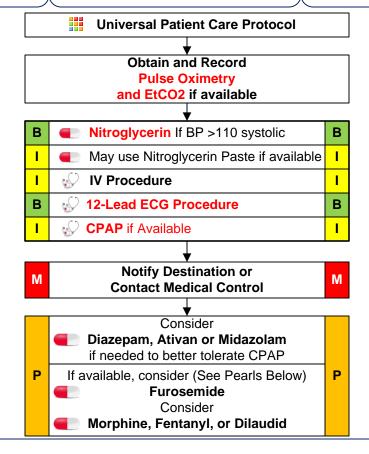
Signs/Symptoms

- Respiratory distress, bilateral rales
- Apprehension, orthopnea
- Jugular vein distention
- Pink, frothy sputum
- Peripheral edema, diaphoresis
- Hypotension, shock
- Chest pain

Differential

- Myocardial infarction
- Congestive heart failure
- Asthma
- Anaphylaxis
- Aspiration
- COPD
- Pleural effusion
- Pneumonia
- Pulmonary embolus
- Pericardial tamponade
- Toxic Exposure





Pearls

- Recommended Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro
- Items in Red Text are key performance measures used to evaluate protocol compliance and care
- Avoid Nitroglycerin in any patient who has used Viagra or Levitra in the past 24 hours or Cialis in the past 36 hours due to potential severe hypotension.
- Furosemide and Narcotics have NOT been shown to improve the outcomes of EMS patients with pulmonary edema. Even though this historically has been a mainstay of EMS treatment, it is no longer recommended.
- If patient has taken nitroglycerin without relief, consider potency of the medication.
- Contraindications to narcotics include severe COPD and respiratory distress. Monitor the patient closely.
- Consider myocardial infarction in all these patients. Diabetics and geriatric patients often have atypical pain, or only generalized complaints.
- Carefully monitor the level of consciousness, BP, and respiratory status with the above interventions.
- If Nitropaste is used, do not continue to use Nitroglycerin SL
- Allow the patient to be in their position of comfort to maximize their breathing effort.
- Document CPAP application using the CPAP procedure in the PCR. Document 12 Lead ECG using the 12 Lead ECG procedure.