

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Acute Pulmonary Edema

Overview: Assessment and history to identify treatable causes cannot be over emphasized. The physiological changes that occur in cardiac and COPD patients can cause severe problems.

INFORMATION NEEDED

- Patient age
- Medical History of AMI, CHF and or dialysis, or hypertension
- Signs and symptoms: Chest pain, shortness of breath, dyspnea on exertion, orthopnea, cough, pink sputum, wet lung sounds
- Current medications
- Home oxygen use

OBJECTIVE FINDINGS

- Mental status, skin signs, perfusion status
- Respiratory rate, rhythm and pattern and work of breathing.
- Lung sounds
- Heart rate and rhythm and blood pressure trends
- Pedal edema, JVD

TREATMENT

- Assess patient
- Assess airway patency utilizing adjuncts as indicated (OPA, NPA). Secure the airway.
- Routine Medical Care
- Obtain SAMPLE history
- Transport as soon as possible
- 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or high flow via nonrebreather mask (10-15 L/min) if indicated.
- Assist ventilations with BVM and 100% oxygen if indicated.
- Reassess ABC's including patient's color.
- Reassess BLS methods to maintain airway patency and good ventilation.
- Position of comfort
- Contact Medical Control to assist patient with Nitro (see Chest Pain protocol)
- Consider ALS intercept

Documentation of adherence to protocol:

- Blood pressure trending documented
- Administration of oxygen

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| Medical Control Contact Criteria |
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| <input type="checkbox"/> Contact medical control for patient assist medications |
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PRECAUTIONS AND COMMENTS

- Contact Medical control as soon as possible for potential problems
- Contact airway assessment and intervention is necessary
- Administration of patients own medication only if SBP > 120 and with medical control approval.

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic**

SMO: Acute Pulmonary Edema

Overview: Assessment and history to identify treatable causes cannot be over emphasized. The physiological changes that occur in cardiac and COPD patients can cause severe problems.

INFORMATION NEEDED

- Patient age
- Medical History of AMI, CHF and or dialysis, or hypertension
- Signs and symptoms: Chest pain, shortness of breath, dyspnea on exertion, orthopnea, cough, pink sputum, wet lung sounds
- Current medications
- Home oxygen use

OBJECTIVE FINDINGS

- Mental status, skin signs, perfusion status
- Respiratory rate, rhythm and pattern and work of breathing.
- Lung sounds
- Heart rate and rhythm and blood pressure trends
- Pedal edema, JVD

TREATMENT

- Assess patient
- Assess airway patency utilizing adjuncts as indicated (OPA, NPA). Secure the airway.
- Routine Medical Care
- Obtain SAMPLE history
- Transport as soon as possible
- 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or high flow via nonrebreather mask (10-15 L/min) if indicated.
- Assist ventilations with BVM and 100% oxygen if indicated. Intubate if necessary
- Reassess ABC's including patient's color.
- Reassess BLS / ALS methods to maintain airway patency and good ventilation.
- Position of comfort
- IV Access
- Apply cardiac monitor
- Consider Paramedic intercept
- One **Nitroglycerin tablet (0.4mg) sublingual** if systolic blood pressure is above 90 and IV established. May repeat up to 3X. If IV not established contact medical control.
- Furosemide 40 mg IVP**, may repeat X 1 if indicated
- Administer **Morphine 2 mg IVP**; May be given every 5 minutes prn to a maximum of 10 mg if patient's vital signs remain stable (systolic BP \geq 100 mmHg). Contact Medical Control for

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

subsequent doses.

Documentation of adherence to protocol:

- Blood pressure trending documented
- Administration of oxygen
- IV access
- Cardiac rhythm analysis
- Medication administration
- Vitals
- Lung sounds, JVD, edema
- Use of medical control

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| Medical Control Contact Criteria |
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| <ul style="list-style-type: none"><input type="checkbox"/> Contact medical control for questions regarding use of medication on patient with SBP < 90<input type="checkbox"/> Contact medical control for additional morphine doses |
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PRECAUTIONS AND COMMENTS

- Contact Medical control as soon as possible for potential problems
- Contact airway assessment and intervention is necessary
- Administration of medication only if SBP > 90 and with medical control approval.