

Kittitas County Prehospital EMS Protocols

SUBJECT: CHF WITH ACUTE PULMONARY EDEMA

- A. If stable, administer O₂ @ 4-6 lpm per nasal cannula.
- B. If unstable, administer O₂ @ 12-15 lpm per non-rebreather mask.
- C. Place patient in sitting position, or any other position that allows them to breathe easier.
- D. Establish cardiac monitor.
- E. Establish peripheral IV access with **Isotonic Crystalloid** @ TKO.
- F. Administer **NTG**, 0.4 mg sublingual q 3 min. x 3 doses if systolic BP is >100 mm Hg.
- G. Consider **Morphine** 2-5 mg initially, followed by 2 mg increments q 5 min. IV. If patient is allergic/hypersensitive to **Morphine Sulfate**, or **Morphine Sulfate** is ineffective, consider **Fentanyl** 3 mcg/kg, up to 150 mcg in 25 mcg increments. Contraindicated in hypotension BP <100 mm Hg.
- H. Consider **lasix** 40 mg (or double the patient's daily dosage up to 160 mg) IV slowly if systolic BP >100 mm Hg.
- I. Consider **albuterol** breathing treatment, 2.5 mg, into acorn nebulizer for bronchospasm.
- J. Consider C-PAP
- K. For severe pulmonary compromise, consider elective endotracheal intubation.