

Universal Care 1-01

Airway/O2 Maintenance A-01

**If severe respiratory distress:**

**Begin CPAP** A-P4

If RR is <10/min or >30/min, consider assisting ventilations.

If wheezing (and history) may consider:

**Albuterol & Ipratropium (Atrovent) Nebulizer** A-06  
Per Asthma/COPD Protocol

**What is the Systolic Blood Pressure (mmHg)?**

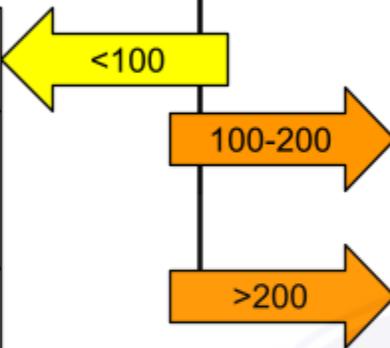
**A** **NS 250 mL Bolus**

- Repeat as needed
- Monitor for signs of pulmonary congestion

**If SBP <90 continues, or if signs of pulmonary edema:**

**Consider Vasopressor**

**Medical Shock Protocol** M-06



**P** **Nitroglycerine (NTG)**  
1 spray/tab SL

If SBP 100 - 200 mmHg:  
Repeat every 5 minutes, to a max of THREE doses

**If SBP >200 mmHg:**  
Repeat NTG every 5 min, until SBP <200, as per

**Hypertensive Crisis Protocol** M-05

A-06  
ACUTE PULMONARY  
EDEMA/CHF



**KEY POINTS:**

- *Diuretics:* These have been used in the past, but have generally been replaced with positive pressure ventilation (i.e. CPAP). Because they generally take time to work and have possible side effects, they have little role in initial treatment of acute pulmonary edema and are no longer considered first line therapy.
- *Erectile Dysfunction Drugs:* Avoid Nitroglycerin in any patient who has used Viagra or Levitra in the past 24 hours or Cialis in the past 48 hours due to possible severe hypotension.
- Consider myocardial infarction in all these patients. If suspected, give ASA.
- Allow the patient to be in their position of comfort to maximize their breathing effort.

**QI Review Parameters:**

1.