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

Medical Control Contact Criteria
__ Contact medical control for patient assist medications

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 – Intermediate

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 100 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
__ Contact Medical Control for permission to administer **Morphine 2 mg IVP** and 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

Medical Control Contact Criteria

__ Contact medical control for questions regarding use of medication on patient with SBP < 100
__ Contact medical control for morphine usage

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 > 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 100 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 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

Medical Control Contact Criteria

__ Contact medical control for questions regarding use of medication on patient with SBP < 100
__ Contact medical control for additional morphine doses

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 > 100 and with medical control approval.