

## 2.12 RESPIRATORY DISTRESS: ACUTE PULMONARY EDEMA

BLS Treatment
<ul style="list-style-type: none"><li>• Position of comfort.</li><li>• NPO.</li><li>• <b>Oxygen</b> as indicated.</li></ul>
ALS Treatment
<ul style="list-style-type: none"><li>• Apply CPAP as indicated.</li><li>• Establish IV/IO with <b>Normal Saline</b> TKO.</li><li>• <b>Nitroglycerin (NTG)</b></li><li>• Obtain 12 lead EKG.</li><li>• <b>Morphine Sulfate</b></li><li>• <b>Ondansetron</b></li><li>• If SBP &lt; 90 mmHg, signs of hypoperfusion or cardiogenic shock, administer <b>Dopamine</b>.</li></ul>

Comments
<ul style="list-style-type: none"><li>• DO NOT administer <b>NTG</b> to patients who have taken any erectile dysfunction drug within the following time frames:<ul style="list-style-type: none"><li>○ Sildenafil (Viagra, Revatio) or Vardenafil (Levitra, Staxin) &lt; 24 hours</li><li>○ Tadalafil (Cialis, Adcirca) &lt; 48 hours</li></ul></li></ul>
Base Hospital Contact Criteria
<ul style="list-style-type: none"><li>• For <b>Morphine</b> administration exceeding 6mg in the treatment of discomfort secondary to respiratory distress, without complaint of pain.</li><li>• <b>Morphine</b> used to decrease pre-load, not pain control in pulmonary edema. Therefore, max dose 6 mg is lower.</li></ul>