

## r-7 Acute Pulmonary Edema

### **PRIORITIES:**

- ABCs
- Determine degree of physiologic distress:
  - Respiratory rate >20, use of accessory muscles, cyanosis, inadequate ventilation, depressed level of consciousness
- Maintain airway, provide oxygen and ventilatory support;
- Determine which causes best fit patient signs and symptoms, initiate treatment;
- Assure an advanced life support response;

### **Acute Pulmonary Edema**

*Acute onset of respiratory difficulty; may have history of cardiac, rales, occasional wheezes.*

1. Ensure a patent airway (suction as necessary).
2. Be prepared to support ventilation with appropriate airway adjuncts;
3. OXYGEN THERAPY – Begin oxygen at 6 liters/minute by nasal cannula or 10 liters/minute by mask. If there is a history of Chronic Obstructive Pulmonary Disease (COPD), observe for respiratory depression and support respiration as needed. DO NOT withhold oxygen from a patient in cardiorespiratory distress because of a history of COPD.
4. Place patient in position of comfort if conscious. If depressed level of consciousness, position on left side;
5. Assist advanced life support personnel with patient packaging and movement to ambulance after the unit arrives.
6. Consider;
  - Assist patient with his/her medications if available;
  - Limit any physical exertion or movement the patient may be attempting;
  - Attempt to reduce patient anxiety;
  - Positive pressure ventilation if patient is semi- or unconscious.