Respiratory Distress – CHF/Pulmonary Edema

1. Universal Cardiac Care
2. Place patient in a position of comfort – sitting upright unless contraindicated.
3. Oxygen: titrate to SpO2 of 94-99%
4. Be prepared to support the patient’s respirations with a BVM if necessary.
5. Reassess and reassure the patient.

1. Give Nitroglycerin 0.4mg sublingual if systolic BP > 100mmHg. May repeat every 3-5 minutes to a total of 3 doses (if systolic BP remains > 100mmHg)
2. Apply cardiac monitor and obtain 12-lead EKG. Transmit to receiving facility (if equipped). It is beyond the scope of the EMT to interpret 12-leads or cardiac rhythms.
3. Initiate ALS intercept, if indicated and began transport as soon as possible.
4. Contact receiving hospital as soon as possible or Medical Control if necessary.
5. If systolic BP is between 90-100mmHg, contact Medical Control. Do not initiate CPAP if systolic BP is < 90 mmHg. See CPAP procedure.
6. CPAP: if systolic BP > 100mmHg.
7. Monitor with ETCO2, if available. Reading should be 35-45mmHg

1. Continue EMT care.
2. Initiate IV/IO.
3. Consider ALS intercept should the situation warrant additional medication.

1. Continue EMT care.
2. Place 1” Nitro paste to anterior chest if BP is greater than 100mmHg

CPAP is very effective in the treatment of CHF / Pulmonary Edema and should be applied early unless contraindicated. Do not delay CPAP application for administration of Nitroglycerin (i.e. do not wait until all 3 doses have been given before you apply CPAP. If they need it, use it.