

EL DORADO COUNTY EMS AGENCY PREHOSPITAL PROTOCOLS

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EMS Agency Medical Director

CHF/PULMONARY EDEMA

BLS TREATMENT

ABCs / ROUTINE MEDICAL CARE – place patient in sitting position with legs down. Be prepared to support ventilation with appropriate airway adjuncts.

Administer at appropriate flow rate. If patient is in obvious respiratory distress high flow oxygen via non re-breather mask is indicated.

If patient is in severe distress:

CPAP (If trained and equipped) - start with valve at 7.5 cm setting and 100% O₂ flow rate. Titrate to patient's condition. If patient's respiratory status does not improve change valve setting to 10.0 cm. Be prepared to support ventilations with appropriate airway adjuncts. Monitor and record vital signs every 5 minutes. Be prepared for possible hypotension. If hypotension develops, decrease valve setting.

If CPAP is not available: Attempt to assist breathing with BVM after explaining procedure to patient.

PROTOCOL PROCEDURE: Flow of protocol presumes that condition is continuing. If patient is in severe respiratory distress due to excessive fluid in the lungs, immediate, rapid transport is essential with treatment performed en route.

ALS ALGORITHM

STABLE

(Normal respiratory effort, normal oxygen saturation, speaks in full sentences, and No ALOC)

- 1) NORMAL SALINE - Establish a saline lock or IV*.
- 2) Monitor patient's condition and transport. If patient's condition worsens, move to UNSTABLE section.

UNSTABLE

(Increased/increasing respiratory effort, low oxygen saturation, difficulty speaking, or signs of decreased level of consciousness)

If Patient is HYPOTENSIVE: Refer to shock protocol.

For NORMOTENSIVE/HYPERTENSIVE patients:

- NTG - Apply 1" of NTG Paste to patient's skin. (Systolic BP < 100 mm Hg, NTG should be withheld or discontinued by wiping off with a clean towel).
- Place patient on CPAP
- NORMAL SALINE - Establish saline lock, IV, or IO*.

Watch for respiratory depression. If respiratory status and "drive" continues to deteriorate, intubation may be indicated.