

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.15
Subject	Paramedic Treatment Protocols SHORTNESS OF BREATH WITH PULMONARY EDEMA (INCLUDING CONGESTIVE HEART FAILURE)	Page 1 of 2
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS

1. Assessment	ABCs
2. Secure Airway	Protect with position, basic airway maneuvers, pharyngeal airway, advanced airway if indicated, assist respirations as needed, suction as needed.
3. Oxygen	Low flow. High flow if patient is unstable. Refer to EMS Policy #530.02.
4. Sit Patient Up	Legs lower than heart, if possible.
5. Monitor	Treat rhythm if appropriate.
6. Nitroglycerin	0.4 mg (1 tablet) SL, if systolic BP 100-120, or 0.8 mg (2 tablets) SL, if systolic BP 120-200, or 1.2 mg (3 tablets) SL, if systolic BP is greater than 200. Recheck BP following nitroglycerine dose. Repeat doses are based on systolic BP. Repeat nitroglycerin every 5 min. (to total dose of 9 tablets) until clinical improvement or BP 100 or less. Do not administer if systolic BP is less than 100.
7. Transport	Minimize on scene time. STAT transport if patient is unstable.
8. 12-Lead ECG	Refer to EMS Policy #530.02 and #547 – if acute onset of symptoms.
9. CPAP	Only if patient is visibly dyspneic or has respiratory rate greater than 30. Refer to EMS Policy #530.02.
10. Nitropaste	1 inch on skin, if systolic BP is 100-120, or 2 inches on skin, if systolic BP is greater than 120.
11. IV Access	Saline lock or IV Standard Tubing LR TKO.
12. Contact Hospital	Per EMS Policy #530.02.

BASE HOSPITAL ORDERS ON NEXT PAGE

Approved By	Signatures on File at EMS Agency	Revision
EMS Division Manager		05/01/2014
EMS Medical Director	Signatures on File at EMS Agency	

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BASE HOSPITAL ORDERS

*1. FENTANYL	25-100 MCG INCREMENTS IV PUSH ONLY IF CONFIDENT OF DIAGNOSIS AND DYSPNEA IS SEVERE. DO NOT ADMINISTER IF SYSTOLIC BP IS LESS THAN 100.
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SPECIAL CONSIDERATION AND PRIORITIES

1. If the 12-Lead ECG shows a current of injury and the patient is in cardiogenic shock, destination should be to the closest facility able to provide interventional heart catheterization (refer to EMS Policy #547).
2. CPAP may introduce transient hypotension via decreased venous return secondary to elevated intrathoracic pressure.
 - a. If systolic blood pressure falls to less than 80 mmHG, remove CPAP.
 - b. If systolic blood pressure falls between 80-100 mmHG, decrease CPAP to 5 cm H₂O if possible.