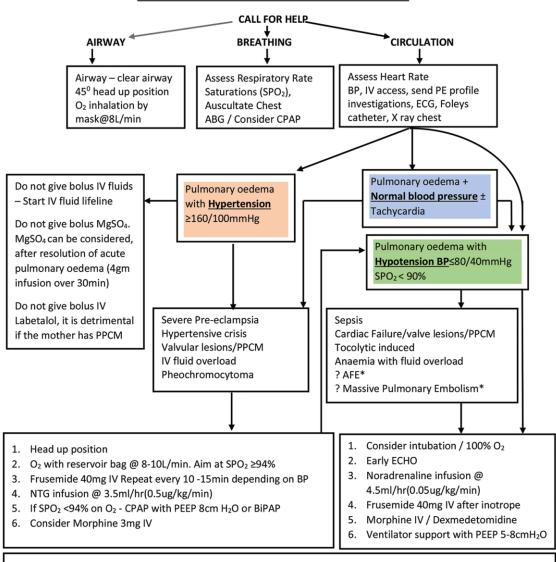
Chakravarthy, et al.: Protocol for APO in pregnancy

ACUTE PULMONARY OEDEMA IN PREGNANCY



- ${\bf 1.} \quad {\bf Stabilize \ the \ mother \ and \ consider \ delivery.}$
- 2. Mode of delivery:
 - a. Vaginal / Assisted delivery with careful oxytocin augmentation if Bishop score is favourable
 - b. LSCS SAB/ incremental Epidural /GA with RSII. SAB if haemodynamically stable & normal ECHO
- 3. Taper NTG infusion at 7cm cervical dilatation during vaginal delivery or when taken up for LSCS
- 4. Immediately after delivery of baby head (in both vaginal & LSCS) give Frusemide 40mg bolus, oxytocin infusion 20U in 20ml syringe @5ml/hr for 2hours, rectal misoprostol 800 -1000mg. If LSCS consider prophylactic B-Lynch
- 5. For post-operative pain relief epidural analgesia/TAP block /Fentanyl IV infusion @1ug/kg/hr; IV Paracetamol if liver enzymes are normal
- 6. If intubated, continue elective ventilation for 12hrs. V_T 6-8ml/hr, RR 12/min, PEEP 5 to 8cm H_2O , Initial FiO₂ 1; tapered to 0.7 after 1hour.