

**ADULT CARDIAC
AC-04****CHF/ ACUTE PULMONARY
EDEMA**Page 1 of 1
Last Revision:
1-4-2019**History and Physical:**

Historical Findings	Physical Findings
<ul style="list-style-type: none">▪ Prior history▪ Orthopnea▪ Paroxysmal nocturnal dyspnea▪ Cocaine/Methamphetamine use	<ul style="list-style-type: none">▪ Orthopnea▪ Paroxysmal nocturnal dyspnea▪ Rales▪ Systolic BP > 90 mmHg▪ Pedal edema▪ History of A-fib or A-fib on EKG

Assessment:

- Cardiac Assessment
- DDX: Ischemia, HTN crisis, renal (fluid overload), non-cardiogenic (drowning, inhalational, drug-induced)

Clinical Management Options:

Interventions	Pharmacology
<ul style="list-style-type: none">▪ Noninvasive ventilation▪ Vascular Access<ul style="list-style-type: none">○ Consider IO on urgent/critical patient	<ul style="list-style-type: none">▪ NTG 0.4 mg sublingual<ul style="list-style-type: none">○ If systolic >100mmHg○ May repeat q 3-5 min x 3 prior to vascular access○ May repeat q 3-5 min PRN following vascular access <p>AND IF MODERATE/SEVERE RESPIRATORY DISTRESS:</p> <ul style="list-style-type: none">▪ NTG 1mg Slow IVP<ul style="list-style-type: none">○ Only if Systolic >160○ May repeat x 1 q 5 minutes

Consult:

- Consider need for DSI

Considerations:

- Consider IV NTG bolus as a companion to BPAP