

SECTION: C-8

PROTOCOL TITLE: Congestive Heart Failure/Pulmonary Edema

REVISED: January 26, 2010

GENERAL COMMENTS: For CHF with Hypotension, see Protocol M-3, "Adult Hypotension and Shock"

BLS SPECIFIC CARE: See Adult General Cardiac Care/ACS Protocol C-3

ILS SPECIFIC CARE: See Adult General Cardiac Care/ACS Protocol C-3

ALS SPECIFIC CARE: See Adult General Cardiac Care/ACS Protocol C-3

- NTG Spray:
 - SL: 0.4 mg SL spray/tab every 3-5 minutes PRN. Hold for B/P <90, Viagra use (or similar drug) within previous 24 hours, or suspected right-sided MI.
- NTG Paste:
 - TD: 0.5-1.5 inches applied topically (TD) to non-hairy area of trunk. Hold for B/P <90, Viagra use (or similar drug) within previous 24 hours, or right-sided MI. Wipe off if hypotension develops.
- CPAP: See also *Appendix E*
 - **Medical Control Required if BP less than 90 systolic.**
 - Initial setting at 0-2 cmH₂O,
 - Titrate upward for effect. **MAX: 10 cmH₂O**
 - Coaching will be required to reduce anxiety.
- **If coaching is unsuccessful, then consider low dose sedation. See the Adult Pain Control and Sedation protocol M-11 for medications and doses.**
- Furosemide (Lasix)
 - IV/IM/IO: 20-80 mg,
 - Administer by IV slowly.
 - May increase up to TWICE the patient's daily dose.
 - Use only if Dx of CHF is supported by Hx and exam findings.
 - **Use of Lasix in Pneumonia and/or Sepsis can be detrimental.**
 - **Do not give in patient with fever or new productive cough.**

Protocol

C-8

Congestive Heart Failure/Pulmonary Edema

Analgesics:

- Do not administer/discontinue administration if:
 - Systolic BP < 90 mmHg.
 - Suspected right ventricular infarction.
 - The patient presents with altered mental status.
- Morphine sulfate IV/IM/IO:
 - 2-5 mg every 5-10 minutes as needed.
 - Maximum dose 10 mg.