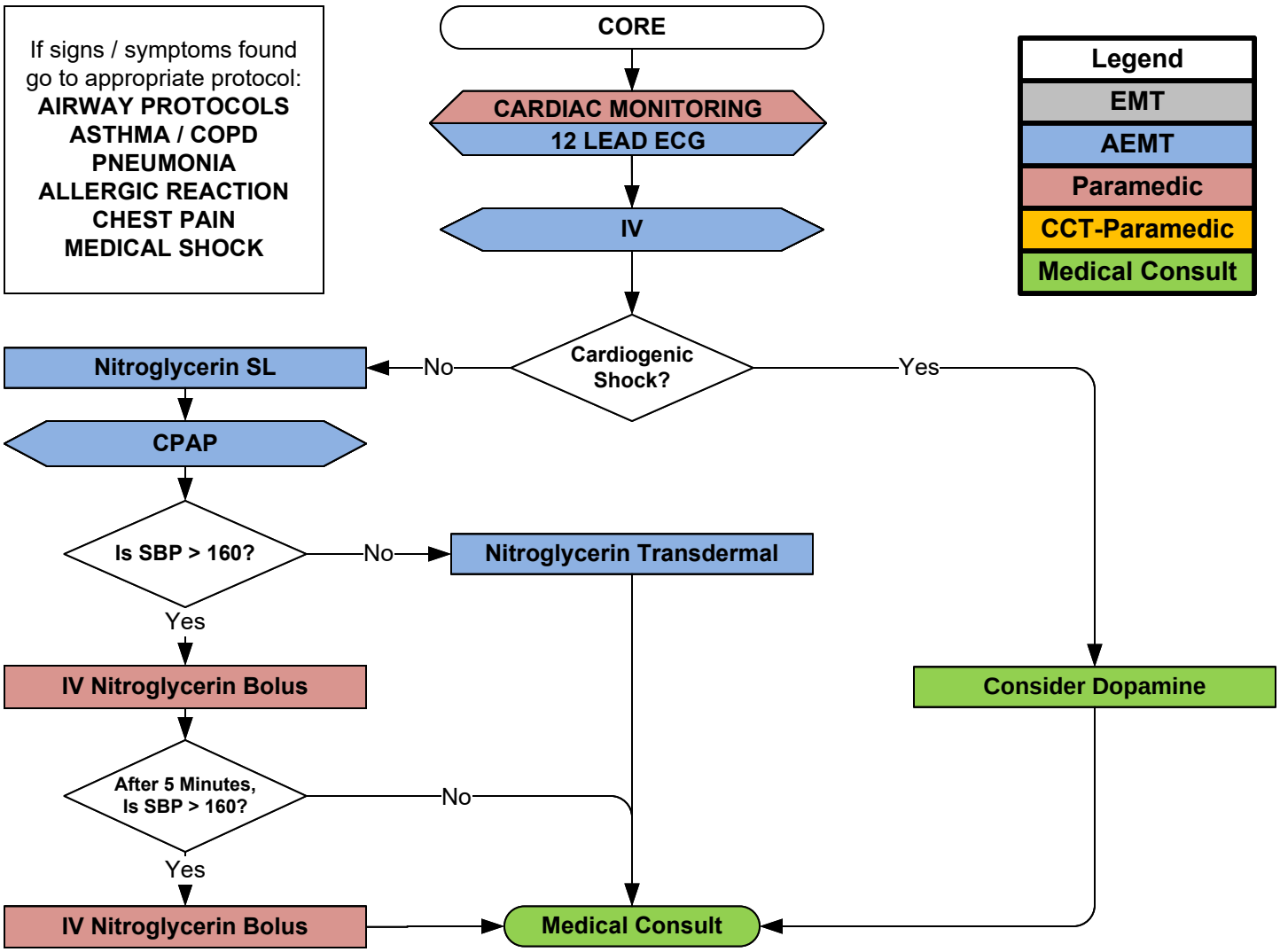
CONGESTIVE HEART FAILURE/ PULMONARY EDEMA

History:	Signs and Symptoms:	Differential:
○ A-fib ○ Congestive heart failure ○ Home treatment (oxygen, nebulizer) ○ Medications (diuretics) ○ Cardiac history / MI ○ Orthopnea ○ Toxic exposure, smoke inhalation ○ Renal failure ○ SAMPLE	○ Shortness of breath ○ Pursed lip breathing ○ Decreased ability to speak ○ Increased respiratory rate and effort ○ Rales / rhonchi ○ Use of accessory muscles ○ Fever, cough ○ Tachycardia ○ Cyanosis ○ Peripheral edema/JVD	○ Asthma – meds, history ○ COPD (Emphysema, Bronchitis) – meds, history ○ Pneumonia ○ Cardiac (MI or CHF) – meds, history ○ Anaphylaxis – history ○ Aspiration ○ Pleural Effusion ○ Pulmonary Embolus ○ Pneumothorax ○ Pericardial Tamponade ○ Hyperventilation ○ Toxic exposure

If signs / symptoms found go to appropriate protocol:
AIRWAY PROTOCOLS
ASTHMA / COPD
PNEUMONIA
ALLERGIC REACTION
CHEST PAIN
MEDICAL SHOCK



Pearls:
- WHEN IN DOUBT about the cause of the respiratory distress, support, transport and contact medical control.
- Waveform capnography should be used to assist with a differential diagnosis and to evaluate the effectiveness of treatment.
- Bronchodilators are only effective with bronchoconstriction as evidenced by waveform capnography or auscultation revealing wheezes not associated with cardiac complaints.
- Air Med and CCT medics may use the EMV BiPAP in lieu of CPAP. See **BiPAP EMV procedure.**
- In the event that Dopamine is unavailable, Push Dose Epinephrine may be used.
- In the event that IV Nitroglycerin is unavailable, Nitroglycerin SL & Transdermal should be used.