

PULMONARY EDEMA

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Critical Incident Management:	Pulmonary Edema

Management

Respiratory

1. Access Ventilation

- If hypoxic or hypercarbic → intubate
- If respiratory effort inadequate consider residual neuromuscular blockade

2. Supplemental oxygen

- Consider PEEP

3. ABG, CXR

4. If bronchospasm present consider aminophylline

Cardiovascular

1. Reduced Preload

- Change patient position
- Furosemide
- MSO_4
- If myocardial ischemia administer NTG

5. 12 lead EKG

6. Evaluate myocardial contractility

- Consider discontinuation of myocardial depressant drugs
- PA catheter
- Consider inotropic support
- Dopamine
- Amrinone

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