

Pulmonary Edema

History

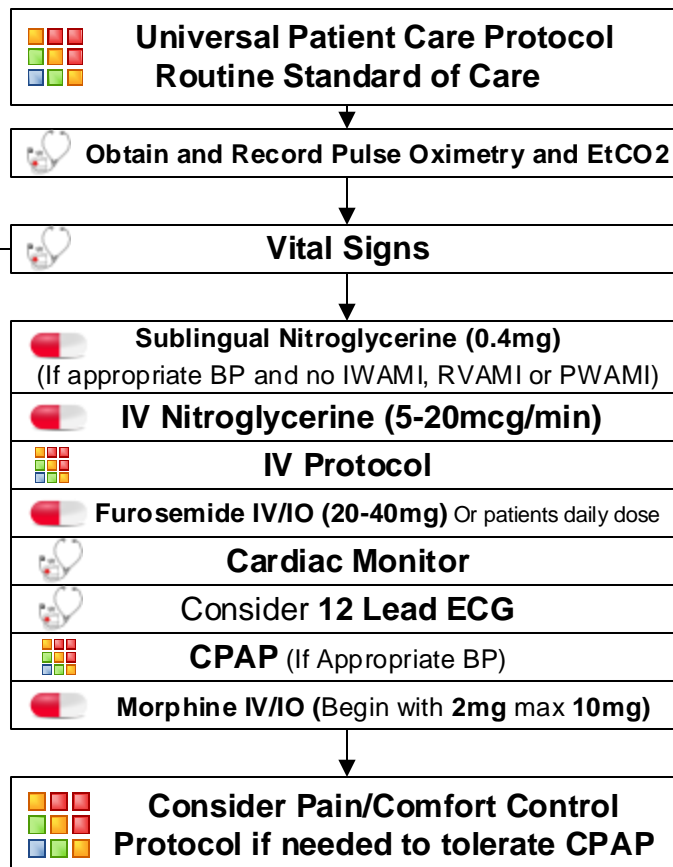
- Congestive heart failure
- Past medical history
- Medications (digoxin, lasix)
Viagra, Levitra, Cialis
- Cardiac history –past myocardial infarction
- **SAMPLE**

Signs/Symptoms

- Respiratory distress, bilateral rales
- Apprehension, orthopnea
- Jugular vein distention
- Pink, frothy sputum
- Peripheral edema, diaphoresis
- Hypotension, shock
- Chest pain

Differential

- **Myocardial infarction**
- **CHF/Fluid Overload**
- **Asthma**
- **Anaphylaxis**
- **Aspiration**
- **COPD**
- **Pleural effusion**
- **Pneumonia**
- **Pulmonary embolus**
- **Pericardial tamponade**
- **Toxic Exposure**



Pearls

- **Recommended Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro**
- **Avoid Nitroglycerin in any patient who has used Viagra or Levitra in the past 24 hours or Cialis in the past 36 hours due to potential severe hypotension.**
- Use ETCO2 waveform to differentiate between pulmonary edema and bronchospasm in the presence of a silent chest.
- Consider myocardial infarction in all these patients. Diabetics and geriatrics often have atypical pain, or only generalized complaints.
- **Carefully monitor the level of consciousness, BP, and respiratory status with the above interventions.**
- Allow the patient to be in their position of comfort if possible to maximize their breathing effort.
- **Flight Precautions: If patient in severe condition consider intubating patient prior to flight. If unable to maintain the patients O2 Saturation in flight fly at the lowest safe altitude.**