SYMPTOMS: Respiratory distress with presence of rales (pulmonary crackles).
Common causes of pulmonary edema include: congestive heart failure (CHF - most common), medications, high altitude exposure, kidney failure, lung damage caused by gases or severe infection, and major injury.

Assessment, Treatment and Interventions:
ALL LEVELS

1. Allow patient to remain in position of comfort.
2. Obtain vital signs.
3. History
    a. Use of diuretics and compliance
    b. Weight gain
    c. Leg swelling
    d. Orthopnea
4. Physical examination
    a. Breath sounds – crackles or rales
    b. Lower extremity edema
    c. JVD
    d. Cough and/or productive cough with pink and/or frothy sputum
    e. Diaphoresis
    f. Chest discomfort
    g. Hypotension
    h. Shock
    i. Respiratory distress
        i. Assess patient's ability to speak in full sentences
        ii. Note respiratory accessory muscle use
        iii. Shortness of breath
    j. Abnormal respiratory rate and/or effort
    k. Use of accessory muscles
5. Manage airway as necessary.

EMR-O; EMT-R

6. Administer oxygen as appropriate for dyspnea or distress with a target of achieving greater than 93% saturation for most acutely ill patients.
7. Consider use of BVM or non-visualized airway for severe distress if no improvement.
8. Measure SpO_2.

EMT-O

9. Acquire ECG and ETCO2 as available.
10. Consider non-invasive positive pressure ventilation.

AEMT-R

11. Establish IV access.
12. Consider administration of nitroglycerin.

INT-O; PARA-R

13. Consider endotracheal intubation for severe distress or if not improving with less invasive support.