

## Standing Order

TITLE	<b>Acute Pulmonary Oedema</b>
LOCATION	LORNE COMMUNITY HOSPITAL – All Areas of the Facility
STANDING ORDER No:	2
VERSION	1
VARIATIONS FROM PREVIOUS VERSION	NIL

## Governance

Enactment date	/ /		
<b>Expiry:</b> (maximum of 36 Months from date of original Approval)	<b>13/8/07</b>		
Drug and Therapeutics Committee <b>Endorsement</b> Date	/ /		
<b>Chairperson, Drug and Therapeutic Committee</b> (Clinical Services)	Signature	Name	Date
Completion of Process for <b>removal</b> of previous version of Standing Order	Signature	Authority	Date
Approved Standing Order <b>Distributed</b>	Signature	Authority	Date

## Staff Requirements and Authorisation

### AS PER LORNE COMMUNITY HOSPITALS “STANDING ORDER POLICY”

ALS endorsed Nurse have all undertaken education Acute Pulmonary Oedema (APO), this includes theoretical and practical sessions in:

- The diagnosis and assessment of cardiac failure
- The preferred choice of emergency management/treatment
- The drugs, doses, contraindications and side effects of medication management of APO

## Application of the Standing Order

<b>When use of this standing Order Is applicable</b>	When a Medical Officer is not immediately available and a client is presenting with signs and symptoms of Acute Pulmonary Oedema.
<b>Other Relevant Standing Orders</b>	Cardiopulmonary Arrest Standing Order Asthma Standing Order Anaphylaxis Standing Order
<b>Links</b>	<ul style="list-style-type: none"> <li>❑ Primary Clinical Care Manual - QLD</li> <li>❑ Emergency Nursing Guidelines 2001 3<sup>rd</sup> Edn – DHS Vic</li> <li>❑ Advance Life Support – Australian Resuscitation Council</li> <li>❑ Clinical Practice Guidelines – RAV CPG:A0701</li> </ul>

## Basis for Standing Order

To allow for the treatment of clients suffering potentially fatal conditions by the Lorne Community Hospital nursing staff, despite a Doctor not being immediately available.

Acute pulmonary oedema not only causes ↑ anxiety and a feeling of suffocation but can lead to life threatening arrhythmias, decreased level of consciousness and respiratory arrest.

APO symptoms can be controlled by the use of Glyceryl Trinitrate (GTN), GTN causes relaxation of the smooth muscle causing a vasodilation effect of peripheral blood vessels. This increases peripheral blood pooling, decreasing venous return to the heart and increasing perfusion of the myocardium. The exception to this is APO as a result of near drowning, aspiration, toxic gases, smoke or anaphylaxis, which is as a result of, altered permeability (treat this with O<sub>2</sub>, assisted ventilation and if a wheeze present implement **ASTHMA STANDING ORDER**).

### References

1. QLD Health, The Primary Clinical Care Manual 3<sup>rd</sup> Edn 2003
2. Australian Medicines Handbook 2001
3. Lippincott, Williams & Wilkins. Illustrated manual of Nursing Practice 3<sup>rd</sup> Edn.
4. MIMMS
5. Emergency Nursing Guidelines 2001 3<sup>rd</sup> Edition
6. Clinical Practice Guidelines 2001 – RAV CPG:A0701

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## Administration of Glyceryl Trinitrate

<b>Clinical Condition and Circumstances for use</b>	As per <b>Respiratory Distress flowchart</b> on page 60 of Emergency Nursing guidelines 2001 – which leads to SEVERE PULMONARY OEDEMA. (Postural dyspnea, frothy sputum, Bubbling on auscultation)
<b>Limitations</b>	<ul style="list-style-type: none"> <li>❑ <b>Systolic BP must be 100mmHg or above</b></li> <li>❑ Possible drug interactions with other vasodilators, anti-hypertensive, Ca Channel blockers, antipsychotics, levodopa, carbidopa &amp; tricyclic antidepressants.</li> </ul>
<b>Area of application</b>	Hospital Inpatients, UCS, Residential Care & District Nursing
<b>Contra-indications</b>	<ul style="list-style-type: none"> <li>❑ Known allergy to Nitrates</li> <li>❑ Exemption from standing order</li> <li>❑ Use of <b>Viagra</b> (Sildenafil Citrate), <b>Cialis</b> or <b>Levitra</b> in previous 24 hours</li> <li>❑ Hypotension - BP &lt; 100mmHg</li> <li>❑ Patient intoxicated or suffering a head injury</li> </ul>
<b>Monitoring</b>	Continuous cardiac monitoring, SAO <sub>2</sub> , pulse rate, NIBP, & respiratory rate/effort
<b>Procedure</b>	<ul style="list-style-type: none"> <li>❑ Reassure the Patient</li> <li>❑ Sit upright with legs down (if BP allows)</li> <li>❑ O<sub>2</sub> @ 8L via face mask</li> <li>❑ Check for allergies</li> <li>❑ Check BP above 100mmHg</li> <li>❑ Pump GTN spray into sink to ensure good flow</li> <li>❑ Administer 1 spray buccal/sub-lingual</li> <li>❑ Observe for sudden drop in BP / syncope</li> <li>❑ Establish IV Access</li> <li>❑ Document change in clinical condition.</li> <li>❑ Urgent consult with medical officer</li> </ul>
<b>Documentation</b>	All drugs administered as part of resuscitation are recorded and signed on medication section of the A&E patient form. The Nurse who administers the drug is to write <b>“Standing Order”</b> in the section provided for Doctors signature
<b>Dosage</b>	Using the Nitrolingual pump spray, Apply 1 spray of 400microg under the tongue, repeated once after 5 minutes if clinically warranted.
<b>Adverse effects</b>	Bradycardia, Postural Hypotension, Headache, GI Upsets, facial flushing & rash.
<b>Management of Complications</b>	Commence appropriate ALS resuscitative measures and <b>notify Medical Officer.</b>

**NB : Do not delay notification of the Medical Officer**