Respiratory Distress

Pre-Medical Control
MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **General Pre-hospital Care Protocol.**
2. Allow patient a position of comfort.
3. **Determine the type of respiratory problem involved:**

STRIDOR/UPPER AIRWAY OBSTRUCTION:
MFR/EMT/SPECIALIST/PARAMEDIC

1. Complete Obstruction:
   a. Follow **Emergency Airway Procedure**.
2. Partial Obstruction: epiglottitis, foreign body, anaphylaxis:
   A. Follow **Emergency Airway Procedure**.
   B. Consider anaphylaxis (see **Anaphylaxis/Allergic Reaction Protocol**).
   C. Transport in position of comfort.

CLEAR BREATH SOUNDS:
PARAMEDIC

1. Possible hyperventilation, metabolic problems, MI, pulmonary embolus
   A. Obtain 12-lead ECG, if available.

CRACKLES (CHF/PULMONARY EDEMA):
MFR/EMT/SPECIALIST/PARAMEDIC

1. Refer to the **Pulmonary Edema/CHF** protocol in the adult cardiac protocols.

RHONCHI (SUSPECTED PNEUMONIA):
MFR/EMT/SPECIALIST/PARAMEDIC

1. Sit patient upright.

EMT/SPECIALIST

2. Consider CPAP per MCA selection. Refer to **CPAP/BiPAP Procedure**.

SPECIALIST/PARAMEDIC

3. Consider NS IV/IO fluid bolus up to 1 liter, wide open if tachycardia, repeat as needed.

PARAMEDIC

4. Consider CPAP/BiPAP (if available) per **CPAP/BiPAP Procedure**.

ASYMETRICAL BREATH SOUNDS:
PARAMEDIC

1. If evidence of tension pneumothorax and patient unstable, consider decompression (refer to **Pleural Decompression Procedure**)

WHEEZING, DIMINISHED BREATH SOUNDS (ASTHMA, COPD):

MFR/EMT/SPECIALIST

1. Assist the patient in using their own Albuterol Inhaler, if available

EMT/SPECIALIST

2. Administer Albuterol if available. Refer to **Nebulized Bronchodilators Procedure**.
3. Consider CPAP per MCA selection. Refer to **CPAP/BiPAP Procedure**.
4. Administer Epi-Pen (0.3 mg) in patients with impending respiratory failure unable to tolerate nebulizer therapy.

PARAMEDIC

5. Administer Bronchodilator per **Nebulized Bronchodilators Procedure**.
6. Administer Epinephrine 1:1,000, 0.3 mg (0.3 ml) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy.
7. Per MCA Selection, if a second nebulized treatment is needed, administer Prednisone **OR** Methylprednisolone.

Medication Options:

Prednisone
50 mg tablet PO

☐ YES ☐ NO

Methylprednisolone
125 mg IV

☐ YES ☐ NO

8. Consider CPAP/BiPAP (if available) per **CPAP/BiPAP Procedure**.

Post -Medical Control:

Asthma:

1. Consider Epinephrine 1:1000, 0.3 mg (0.3 ml) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy.
2. Consider Magnesium Sulfate 2gms slowly IV in refractory Status Asthmaticus. Administration of Magnesium Sulfate is best accomplished by adding Magnesium Sulfate 2gm to 100 to 250 ml of NS and infusing over approximately 10 minutes.

Follow **General Pre-hospital Care Protocol**
Allow patient a position of comfort. Determine type of respiratory problem involved

Stridor/Upper Airway Obstruction

Complete Obstruction
- Follow **Emergency Airway Procedure**

Partial Obstruction: epiglottis, foreign body, anaphylaxis
- Follow **Emergency Airway Procedure**
- Consider anaphylaxis (see **Anaphylaxis/Allergic Reaction Protocol**
- Transport in position of comfort

Clear Breath Sounds

Possible hyperventilation, metabolic problems, MI, pulmonary embolus

Obtain 12-lead ECG, if possible

Crackles

Refer to **Pulmonary Edema/CHF Protocol**

Rhonci (suspected pneumonia)

- Sit patient upright
- Consider NS IV/IO fluid bolus up to 1 liter, wide open if tachycardia, repeat as needed
- Consider CPAP/BiPAP (if available). Refer to **CPAP/BiPAP Procedure**.

Asymetrical Breath Sounds

If evidence of tension pneumothorax & patient unstable, consider decompresion (refer to **Pleural Decompression Procedure**)

Wheezing, diminished breath sounds (Asthma/COPD)

Administer Bronchodilator per **Nebulized Bronchodilators Procedure.**
Administer Epinephrine 1:1,000, 0.3 mg (0.3 ml) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy.

Per MCA selection, if 2nd nebulized treatment is needed also administer Prednisone
OR
Methylprednisolone

Consider CPAP/BiPAP (if available per **CPAP/BiPAP Procedure**)

Contact Medical Control

Asthma

Consider Epinephrine 1:000; 0.3mg (0.3 ml) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy.

Consider Magnesium Sulfate 2 gms slowly IV in refractory status asthmaticus Administration of Magnesium Sulfate is best accomplished by adding Magnesium Sulfate 2gm to 100 to 250 ml of NS and infusing over approximately 10 minutes.

Medication Options

Prednisone
50 mg tablet PO
☐ YES ☐ NO

Methylprednisolone
125 mg IV
☐ YES ☐ NO