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:

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

Clear Breath Sounds:

PARAMEDIC

1. Hyperventilation, metabolic problems, MI, pulmonary embolus
   a. Obtain 12-lead EKG, if available.

Crackles (CHF/Pulmomary Edema):

MFR/EMT/SPECIALIST/PARAMEDIC

1. Manage Airway/Ventilate, high flow oxygen, refer to **Airway/Oxygenation Procedure**.
2. Initiate supplemental oxygen by non-rebreather mask.
3. Position patient upright with legs dependent, if possible.

PARAMEDIC

4. Consider CPAP / Bi-PAP (if available) or if indicated, an advanced airway.
5. Obtain 12-lead EKG if available. Follow local MCA transport protocol if EKG is positive for ST segment elevation myocardial infarction (STEMI) and alert hospital as soon as possible.
6. Inquire of all patients (male and female) if they have taken Viagra (sildenafil citrate) or a similar erectile dysfunction medication in the last 48 hours. If yes, DO NOT ADMINISTER NITROGLYCERIN.
7. If BP above 100 mmHg, administer Nitroglycerin 0.4 mg SL. Repeat every 3-5 minutes if BP above 100 mmHg.

Rhonchi (suspected pneumonia)

MFR/EMT/SPECIALIST/PARAMEDIC

1. Sit patient upright.

SPECIALIST/PARAMEDIC

2. Consider 250 ml NS fluid bolus if tachycardia, repeat as needed.

PARAMEDIC

3. Consider CPAP/BiPAP per procedure.

Asymmetrical 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):
PARAMEDIC

1. Nebulized Bronchodilator per MCA selection.
   a. Administer nebulized Albuterol 2.5 mg/3ml **OR** Albuterol 2.5 mg and Ipratropium 500 mcg nebulized if wheezing or airway constriction. May repeat bronchodilator as needed.
2. Administer Methylprednisolone 125 mg IV **OR** Prednisone 50 mg tablet per MCA selection.

Bronchodilator Options

☐ Albuterol nebulized

OR

☐ Albuterol and Ipratropium nebulized.

Medication Options:

Prednisone
50 mg tablet (1)

☐ YES ☐ NO

Methylprednisolone
(125 mg IV)

☐ YES ☐ NO

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

Post -Medical Control:
Asthma:

1. Consider **epinephrine** 1:1,000 SQ/IM. (0.3 mg).
2. Consider **magnesium sulfate** 2gms slow IVP in refractory Status Asthmaticus.

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 **Obstructed Airway Procedure**

Partial Obstruction
- Follow **Obstructed Airway Procedure**
- Consider anaphylaxis (see **Allergic Reaction/ Anaphylaxis Protocol**
- Transport in position of comfort

Clear Breath Sounds

Hyperventilation, metabolic problems, MI, pulmonary embolus

Obtain 12-lead EKG, if possible

Crackles (CHF/Pulmonary Adema

Manage airway/ventilate
High flow oxygen
Refer to **Airway/Oxygenation Procedure**

Initiate supplemental oxygen by non-rebreather mask

- Position patient upright
- w/legs dependant
- Consider CPAP/BiPAP
- (if available) or if indicated, an advanced airway
- Obtain 12-lead EKG, if available

Follow local MCA transport protocol if EKG positive for ST segment elevation myocardial infarction (STEMI) and alert hospital ASAP

Inquire all patients if they have taken erectile dysfunction medications within 48 hrs.
If yes, DO NOT ADMINISTER NITROGLYCERIN

Rhonci (suspected pneumonia)

- Sit patient upright
- Consider 250 ml NS fluid bolus if tachycardia, repeat as needed
- Consider CPAP/ BiPAP per procedure

Asymetrical Breath Sounds

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

Wheezing, diminished breath sounds (Asthma/COPD)

Nebulized bronchodilator per MCA selection

- Administer nebulized albuterol 2.5 mg/ 3ml

OR

- Albuterol 2.5 mg and Ipatropium 500 mcg nebulized if wheezing or airway constriction

May repeat bronchodilator as needed

Administer methlprednisolone 125 mg IV
OR
Prednisone 50 mg tablet per MCA selection

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

Contact Medical Control

Consider epinephrine 1:1000 SQ/IM (0.3 mg)

Consider magnesium sulfate 2 gms slow IVP in refractory status asthmaticus

Medication Options:
Prednisone
50 mg tablet (1)

☐ YES ☐ NO

Methylprednisolone
(125 mg IV)

☐ YES ☐ NO

Bronchodilator Options
(Choose One)

- ☐ Albuterol nebulized

OR

- ☐ Albuterol and Ipratropium nebulized.