

**COUNTY OF SACRAMENTO
EMERGENCY MEDICAL SERVICES AGENCY**



Program Document: **Respiratory Distress**
Policy Number: 8026.25

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Signature on File
EMS Medical Director

Signature on File
EMS Administrator

Purpose:

- A. To establish the treatment standard for patients assessed to have shortness of breath and/or respiratory distress.
- B. This protocol does not require the diagnosis of a specific disease or etiology precipitating respiratory distress. Treatment is assessment based.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Caveats:

- A. Pulmonary edema in the setting of CHF will usually have corroborating signs such as:
 - 1. History of CHF and medications such as diuretics and/or angiotensin-converting enzyme (ACE) inhibitors.
 - 2. Peripheral edema.
 - 3. Jugular venous distension (JVD).
 - 4. Frothy pulmonary secretions.

Policy:

BLS:

- 1. Assess C-A-B.
- 2. Position of comfort, reduce anxiety.
- 3. Supplemental O2 as necessary to maintain SpO2 > 94%. Use the lowest concentration and flow rate of O2 as possible.

4. Suction as needed.
5. CPAP for severe dyspnea.
6. Airway adjuncts as needed.

ALS:

1. Cardiac monitoring and ETCO₂ measurement as available.
2. Vascular access, but do not delay airway management.
3. Consider intubation for significant hypoxia, dyspnea, or impending airway loss.

NOTE:

Ipratropium Bromide may be used as a substitute for Albuterol when Albuterol is not available.

Acute Respiratory Distress

- Assess CAB's limit physical exertion, reduce anxiety
- Consider oxygen therapy per Respiratory Distress: Airway management PD # 8020
- Cardiac Monitor and SpO₂, and ETCO₂ (continuous waveform) with advanced airways.
- Consider vascular access but do not delay airway management or treatment.
- Early contact with receiving hospital.

