	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8026.24
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	Respiratory Distress	Last Approval Date:	09/14/23
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Signature on File	Signature on File	
EMS Medical Director	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. SpO2 with Supplemental O_2 as needed necessary to maintain $SpO_2 \ge 94\%$. Use the lowest concentration and flow rate of O_2 as possible.
- 1. Suction as needed.
- 2. CPAP for severe dyspnea.
- 3. Airway adjuncts as needed.

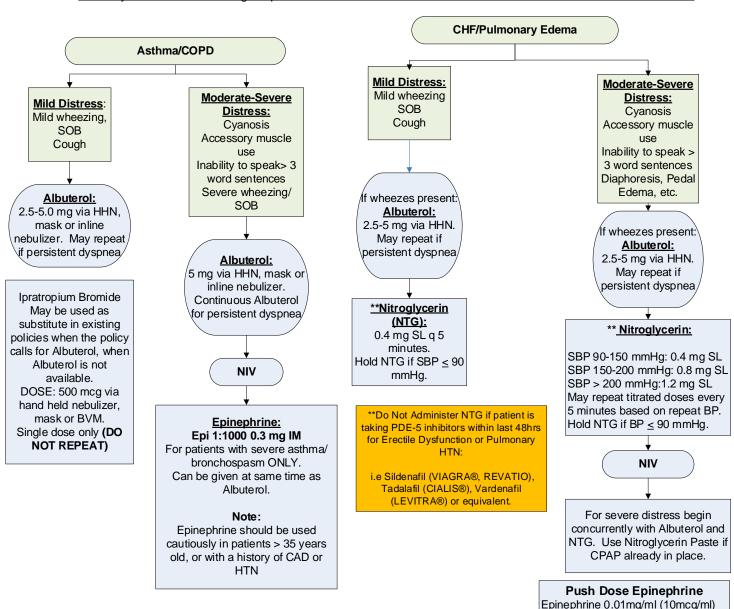
ALS

- 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.



DOSE: 0.5-2 ml every 2-5 minutes (5-20 mcg)

Titrate to SBP ≥ 90 mmHg.

NOTE: Monitor SBP while administering/titrating.