	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8026.25
	PROGRAM DOCUMENT: **Respiratory Distress**	Initial Date:	03/17/1998
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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. Supplemental O_2 as necessary to maintain $SpO_2 \geq 94\%$. 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.