Respiratory Distress

EMS Medical Director:
Signature on File
EMS Administrator:
Signature on File

DRAFT

E	Assess C-A-B
	Position of comfort, reduce anxiety
	Supplemental O2 as necessary to maintain $SpO_2 \geq 94\%$.
	Suction as needed
	CPAP for severe dyspnea
	Airway adjuncts as needed
A	Cardiac monitoring and ETCO2 measurement as available
	Vascular access, but do not delay airway management
P	Consider intubation for significant hypoxia, dyspnea, or impending airway loss

****Do Not Administer NTG if patient is taking PDE-5 inhibitors within last 48hrs for Erectile Dysfunction or Pulmonary HTN:**
i.e Sildenafil (VIAGRA®, REVATIO), Tadalafil (CIALIS®), Vardenafil (LEVITRA®) or equivalent.

Asthma/COPD

Mild

A — **Albuterol/Atrovent:**
Mix 2.5mg Albuterol & 0.5mg Atrovent
*May repeat up to 3 doses of this mixture

Moderate/Severe

A — **Albuterol/Atrovent:**
Mix 2.5mg Albuterol & 0.5mg Atrovent
*May repeat up to 3 doses of this mixture

→ **NIV**

A — **Epinephrine:**
Epi 1:1000 0.3 mg IM
For patients with severe asthma/ bronchospasm ONLY.
Can be given at same time as Albuterol.

→ **NIV**

P — **Magnesium Sulfate: 2 g IV/IO in**
250 NS, infusion over 10 minutes
*No repeat magnesium dosing unless base hospital consultation.

CHF/Pulmonary Edema

Mild

A — If Wheezes Present:
Albuterol/Atrovent:
Mix 2.5mg Albuterol & 0.5mg Atrovent
*May repeat up to 3 doses of this mixture

A — ****Nitroglycerin (NTG)**:
0.4 mg SL q 5 minutes.
Hold NTG if SBP < 90 mmHg

Moderate/Severe

A — If Wheezes Present:
Albuterol/Atrovent:
Mix 2.5mg Albuterol & 0.5mg Atrovent
*May repeat up to 3 doses of this mixture

A — ****Nitroglycerin (NTG)**:
SBP 90-150 mmHg: 0.4 mg SL
SBP 150-200 mmHg: 0.8 mg SL
SBP > 200 mmHg:1.2 mg SL
May repeat titrated doses every 5 minutes based on repeat BP.
Hold NTG if BP < 90 mmHg.

→ **NIV**

For severe distress begin concurrently with Albuterol and NTG. Use Nitroglycerin Paste if CPAP already in place.

P — **Push Dose Epinephrine**
Epinephrine 0.01mg/ml
(10mcg/ml)
DOSE: 0.5-2 ml every 2-5 minutes
(5-20 mcg)
Titrate to SBP > 90 mmHg.
NOTE: Monitor SBP while administering/titrating.

E	EMT
A	A-EMT
P	PARAMEDIC

Contact Base Hospital for medical direction if necessary.

Adult Treatment Protocols

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Respiratory Distress

NOTES:

ASTHMA/COPD

- **Mild:**
  Mild wheezing, SOB, cough
- **Moderate-Severe:**
  Cyanosis, accessory muscle use, inability to speak> 3 word sentences, severe wheezing/SOB

CHF/Pulmonary Edema:

- **Mild:**
  Mild wheezing, SOB, cough
- **Moderate-Severe:**
  Accessory muscle use, inability to speak >3 word sentences, diaphoresis, pedal edema, etc.

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.

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.

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

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