

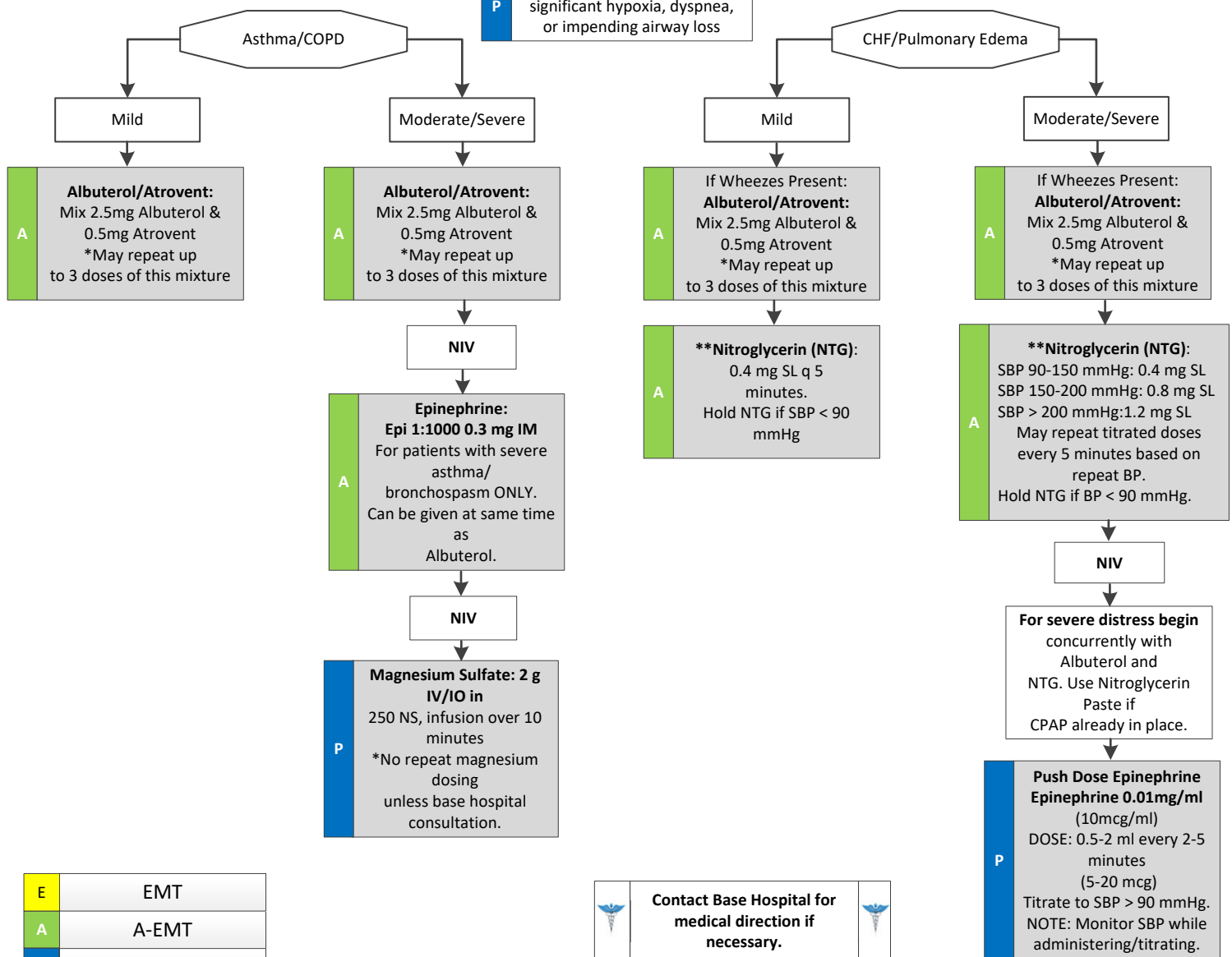


Respiratory Distress

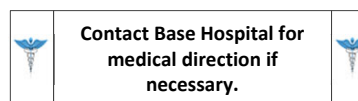
DRAFT

E	Assess C-A-B
	Position of comfort, reduce anxiety
	Supplemental O2 as necessary to maintain SpO ₂ ≥ 94%.
	Suction as needed
	CPAP for severe dyspnea
A	Airway adjuncts as needed
	Cardiac monitoring and ETCO ₂ measurement as available
P	Vascular access, but do not delay airway management
	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.



E	EMT
A	A-EMT
P	PARAMEDIC



Treatment Protocol 8026



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.

