COUNTY OF SACRAMENTO
EMERGENCY MEDICAL SERVICES AGENCY

Program Document: **Respiratory Distress**
Policy Number: 8026.26

Initial Date: 03/17/98
Last Approved Date: 06/12/25

Effective Date: 05/01/27
Next Review Date: 09/01/26

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 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.