Protocol 700-R1 | Respiratory Distress | Rev: 2/18

BLS Treatment

- Treat life threats. (See Procedure 701 *Life Threats*)
- Place patient in position of comfort.
- Observe for signs of severe respiratory distress (Table 1)
- Prepare for transport/transfer of care.

ALS Treatment

- Treat life threats. (See Procedure 701 *Life Threats*)
- Cardiac Monitor and determine rhythm
- Obtain baseline SpO_2 on room air or baseline O_2 usage
  - Titrate O2 to main SpO_2 above 94%
- 12 lead EKG *(*See Procedure 706 *12 Lead EKG*)
- Treat in accordance with suspected condition (Table 2)
- Transport/Contact Base Station.

Special Considerations

- Both severe fluid overload and severe bronchospasm may present with diminished lung sounds. Differentiating between conditions should be based on the patient's history.
- **Epinephrine** should be reserved for those patients who are unable to generate adequate tidal volume to deliver aerosolized drugs to their bronchial tree.
- In patients who are experiencing severe bronchospasm, breath sounds may sound clear with no audible wheezing. This is due to decreased tidal volume with little to no air movement. Do not withhold albuterol with these patients.
- Provider should take caution to not get Nitro-Paste on skin.

Table 1: Signs of Severe Respiratory Distress

• ALOC • Sig. accessory muscle use • fatigue	• low SpO_2, • poor skin signs • Elevated $EtCO_2$ • inability to speak

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Table 2: Treatment Protocols for Respiratory Distress

Suspected Acute CHF	Bronchospasm (Diffuse Wheezing)

• **Nitroglycerine** (**NTG**)
  ○ 0.4 mg sublingual every 2 minutes. Hold if hypotensive (SBP < 90)
  ○ Apply 1 inch **Nitro Paste**. Hold if hypotensive.
• Consider CPAP (See Procedure 710 *Continuous Positive Airway Pressure CPAP*)
• If symptomatic hypotension
  ○ Positioning
  ○ 250ml **Normal Saline** fluid bolus.
  ○ If persistent hypotension: Push dose **Epinephrine** 0.5 mL (5 mcg) IV/IO, every 3 minutes titrate to maintain a SBP > 90 (See Protocol 700 M9 *Shock*)
• Warning: Do NOT administer **NTG** if the patient has taken erectile dysfunction agent within the past 24 hours (i.e., Cialis, Levitra, Viagra, Revatio, Tadalafil, etc.).
	• **Albuterol**: 5 mg and **Ipratropium** 500 mcg by via nebulizer
	  ○ Repeat **Albuterol** only q15mins prn
	  ○ Obtain base contact if HR >160
	  ○ Hold if chest pain or dysrhythmias
	• If the patient is in severe distress and his/her tidal volume decreased,
	  ○ administer **Albuterol/Ipratropium** via in-line CPAP, BVM, or ET
	• If, after all other interventions, the patient's condition remains the same or worsens, consider
	  ○ **Epinephrine** (1:1,000) 1mg/1ml: 0.3 mg IM every 3-5 minutes to a max of 0.6mg.
	• Warning: Base Contact required for **Epinephrine** 1:10,000 (0.1mg) IV/IO or 1:1,000 (0.3 mg) IM for patients > 50 y/o
	  ○ Exception: Unusual communication delay
	  ○ See Protocol M2 - *Allergic Reaction*

Allergic Reaction/ Anaphylaxis	**Smoke Inhalation**
• See Protocol M2 - *Allergic Reaction*	• See Protocol R2 – *Smoke Inhalation*
Suspected Pulmonary Embolus (PE)	**Decompression Illness**
• Place the patient in a position of comfort • Ensure high flow oxygen	• Left lateral Trendelenburg position (patient on left side, body tilted with head lower than torso) • Transport to ED for stabilization. Do not transport directly to hyperbaric chamber

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