Follow Initial Protocol for All Patients

- Utilize EtCO2 monitoring
- Consider G17. CPAP

Consider G16. CPAP (Hamilton T1)

Consider G39. Non-Invasive Positive Pressure Ventilation (Hamilton T1)

Lower Airway Obstruction

- Consider G53. High Flow Nasal Cannula
  - Consider Premixed DuoNeb Nebulized
  - H24. Ipratropium Bromide 0.5 mg
  - H3. Albuterol 2.5 mg
- Consider H3. Albuterol 2.5 mg Nebulized
- May repeat

Consider H32. Methylprednisolone 125 mg IV/IO

Asthma

- No

Consider H16. Epinephrine 1:1,000
  - 50 kg - 0.3 mg
  - 70 kg - 0.4 mg
  - 90 kg - 0.5 mg
- Repeat as needed every 15 minutes

Consider H31. Magnesium Sulfate
  - 2-4 grams IV over 5 minutes
  - Dilute in 100 ml Normal Saline

- Yes

Pulmonary Edema

- Consider H37. Nitroglycerin
  - 0.4 mg SL
  - While initiating infusion
  - Repeat every 3-5 minutes
  - Do not break seal on CPAP/NPPV to administer

Consider H37. Nitroglycerin Infusion
  - 50 mcg/min
  - SBP >150 mmHg
  - Titrate as needed
  - Decrease dose or stop infusion if SBP <150 mmHg
  - Goal: Reduce respiratory distress

Consider E1. Airway Management/Crash Airway

Unknown etiology

- Consider G53. High Flow Nasal Cannula

- Consider Premixed DuoNeb Nebulized
  - H24. Ipratropium Bromide 0.5 mg
  - H3. Albuterol 2.5 mg

- Consider H3. Albuterol 2.5 mg Nebulized
- May repeat

Special Considerations

- Transport patient in position of comfort.
- If utilizing a G6. BVM, consider adding PEEP valve.

G6. Basic Airway Maneuvers

Original Adoption Date: 1/08
Past Protocol Updates: 5/09, 12/13
Medical Director: Chad Torstenson, MD; Cory Vaudt, DO
Protocol: E5. Respiratory Distress
Date of Most Recent Update: 6/2020