

Subject: Respiratory Distress Treatment Policy

I. Definition	
A. None	
II. Basic Life Support	
A. Provide General Medical Care B. CPAP should be considered early in severe respiratory distress per Draft <i>CPAP</i> . (<i>EMT and Paramedic ONLY</i>) C. Airway obstruction: <ol style="list-style-type: none"> 1. Conscious patient able to speak: <ol style="list-style-type: none"> a. Offer assurance, do not intervene, encourage coughing. b. Consider oxygen administration as indicated. c. Frequent gentle suctioning as indicated to control secretions. 	
Adult	Pediatric (less than 14 years of age)
A. Airway Obstruction: <ol style="list-style-type: none"> 1. Conscious patient unable to speak or cough: <ol style="list-style-type: none"> a. Administer continuous abdominal thrusts until foreign object is expelled, air movement is restored, or the patient becomes unconscious. 2. Unconscious or becomes unconscious patient: <ol style="list-style-type: none"> a. Initiate Cardiopulmonary Resuscitation. b. Check airway prior to ventilations for the possible obstruction. c. Remove object only if visual. d. Continue sequence of CPR per <i>Policy # Draft Cardiac Arrest-Medical</i>. 	A. Airway obstruction: <ol style="list-style-type: none"> 1. Conscious patient unable to speak or cough: <ol style="list-style-type: none"> a. Infant < 1 year old: <ol style="list-style-type: none"> (1). Place infant in a head down position supporting the head. (2). Administer 5 back blows and 5 chest thrusts continuously until foreign object is expelled, air movement is restored, or the patient becomes unconscious. b. Child > 1 year old: <ol style="list-style-type: none"> (1). Refer to adult treatment
III. Advanced Life Support – Paramedic Only	
A. Airway Obstruction:	
1. Inspect oral cavity: 2. If object seen, use Magill forceps and attempt to remove object	
Adult	Pediatric
3. If unsuccessful with removal of the object: <ol style="list-style-type: none"> a. Continue CPR per <i>Policy # Draft Cardiac Arrest</i>. b. Attempt oral endotracheal intubation per <i>Policy # Draft or Igel airway Policy # Draft</i>. 	3. If unsuccessful with removal of the object: <ol style="list-style-type: none"> a. Continue CPR per <i>Policy # Draft Cardiac Arrest</i>. b. Attempt supraglottic airway per <i>Policy # Draft Igel airway</i>. c. If unable to ventilate with Igel airway, consider <i>Needle Cricothyrotomy per</i>

c. If unable to orally intubate or ventilate patient, consider <i>Needle Cricothyrotomy per Policy # Draft</i> .	<i>Policy # Draft.</i>
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B. Bronchospasm

Adult	Pediatric
<ol style="list-style-type: none"> 1. Administer Albuterol 2.5mg – 5mg and Atrovent 0.5mg via nebulizer once. 2. Repeat Albuterol 2.5 mg as needed every 20 minutes up to 3 doses or up to 10/15mg per hour by continuous nebulization. 3. If severe bronchospasm <ol style="list-style-type: none"> a. Administer 1:1,000 Epinephrine 0.01mg/kg (maximum 0.5mg) IM. May repeat in 20 minutes. b. May consider Magnesium Sulfate 10% 2 Grams over 20 minutes 	<ol style="list-style-type: none"> 1. Administer Albuterol 2.5mg every 20 minutes up to 3 doses or 0.5mg/kg/hour by continuous nebulization. 2. If severe bronchospasm: <ol style="list-style-type: none"> a. Administer 1:1,000 Epinephrine 0.01mg/kg (max single dose 0.5mg) IM. May repeat in 20 minutes.

C. Congestive Heart Failure/ Acute Pulmonary Edema without Signs of Shock

Adult	
<ol style="list-style-type: none"> 1. Consider CPAP early for severe distress. 2. Administer Nitroglycerin per Policy # 5312 <ol style="list-style-type: none"> a. If SBP > 100mmHg administer 0.4mg SL. b. If SBP > 150mmHg administer 0.8mg SL. c. If SBP > 180mmHg administer 1.2mg SL. May repeat every 3-5 minutes if blood pressure remains greater than 100. 3. If transport is greater than 45 minutes and patient has no contraindications, and the paramedic is working for a North Coast EMS agency that is approved to administer furosemide consider <i>furosemide per Policy # 5308</i>. 	

D. Congestive Heart Failure/ Acute Pulmonary Edema with Signs of Shock

Adult	
<ol style="list-style-type: none"> 1. Consider CPAP device early. If blood pressure is less than < 90 do not exceed 5mm of PEEP pressure. 2. Cardiac monitor –Obtain 12 lead (if available) and treat dysrhythmias per specific treatment guidelines when dysrhythmia is determined to cause of signs and symptoms. Watch closely and reassess frequently for any rhythm changes. If chest pain is present see Policy # Draft – Coronary Syndrome 3. IV/IO access. Consider small fluid boluses for blood pressures less than 80 systolic DO NOT USE large boluses of fluid. Monitor blood pressure closely and minimize fluid administration. 4. Obtain Blood Glucose. Administer <i>Dextrose per Policy # Draft</i> with confirmed hypoglycemia. 5. Keep the patient warm. 6. Zofran 4mg slow IV can be repeated once in 15 minutes. OR Zofran 8mg slow IV cannot be repeated for 4 hours. Medicate early for nausea to prevent any vomiting. 7. Consider Push Dose Epinephrine, <i>Epinephrine drip per Policy # Draft</i> or <i>Dopamine infusion per Policy # Draft</i> if systolic blood pressure remains less than <80. 8. Be prepared for terminal dysthymias and have all resuscitative equipment ready for use. 	

E. Croup

	Pediatrics
	<ol style="list-style-type: none"> 1. Consider 1:1,000 Epinephrine 5cc undiluted nebulized. Do not repeat in 60 minutes. 2. Albuterol 2.5mg nebulized for wheezes.
F. Epiglottis	
Adult	Pediatrics
<ol style="list-style-type: none"> 1. Allow patient to assume position of comfort. 2. Offer oxygen as patient can tolerate. Consider blow-by for all ages. 3. DO NOT attempt to suction secretions. 4. If respiratory arrest ensues, ventilate with gentle slow breathes with BVM. 	See Adult Guidelines
VI. Special Considerations	
<ol style="list-style-type: none"> A. Pulse Oximetry: <ol style="list-style-type: none"> 1. Readings between 88% - 92% is the goal for patients with Chronic Obstructive Pulmonary Disease. (COPD) 2. Patients with smoke inhalation, significant burns, and/or potential carbon monoxide poisoning will continue to receive high flow oxygen regardless of pulse oximetry readings. B. Waveform capnography is useful in monitoring respiratory rates and may provide early indication of respiratory failure. C. For respiratory depression with suspected narcotic overdose refer to <i>Policy # Draft Poisons/Overdose</i> D. Do not delay transport for advanced airway skills if you have an adequate BLS airway. 	
V. Associated Polices	