

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: Rev. 4/16/12

SUBJECT: RESPIRATORY DISTRESS

POLICY NUMBER: 9240

<u>BLS</u>	<u>ALS</u>
<p>Ensure patent airway, give oxygen and/or ventilate prn; maintain O2 saturation >94%</p> <p>Monitor O2 saturation prn.</p> <p>Reassure patient</p> <p>May assist severe asthma patient BVM @ 6-10 breaths/min</p> <p>For respiratory distress with bronchospasm:</p> <p>May assist patient with prescribed inhaler</p> <p>Note: Does not include steroids or long-acting Serevent (Salmeterol, Pulmicort and Advair)</p>	<p>Monitor ECG/Monitor O2 saturation prn.</p> <p>SO Insert ETT/Perilaryngeal prn.</p> <p>SO EtCO2 monitoring (Waveform Capnography 35 - 45 mm/Hg)</p> <p>SO Establish Saline lock/IV prn.</p> <p>RESPIRATORY DISTRESS WITH BRONCHOSPASM (suspected Asthma, COPD)</p> <p>SO Albuterol 2.5 mg (give 5 mg for severe distress) via nebulizer; may repeat/continuous administration prn.</p> <p>SO For severe respiratory distress - CPAP 5-10 cm H₂O for alert patients</p> <p>Asthma only: If patient in severe distress and unable to use nebulizer:</p> <p>BH Epinephrine 1:1000 0.3 mg IM (use with caution over 40 yrs, heart disease, or BP > 150 systolic)</p>
<p><u>HYPERVENTILATION SYNDROME</u></p> <p>Remove from any causative environment</p> <p>Coaching/reassurance</p> <p>Do not use bag or mask rebreathing</p>	<p><u>RESPIRATORY DISTRESS OF SUSPECTED CARDIAC (CHF) ETIOLOGY</u></p> <p>SO BP > 150 systolic, Nitroglycerin 0.8 mg (two 1/150 gr) SL q 5 min. X 3 for severe distress SO</p> <p>SO BP ≥100- <150 systolic, Nitroglycerin 0.4 mg (1/150 gr) SL q 5 min. X 3 SO</p> <p>SO For severe respiratory distress - CPAP 5-10 cm H₂O; if tolerated by cooperative and alert patient</p> <p>BH BP < 90 systolic, consider Dopamine 400 mg/250 mL NS, run at 10-20 mcg/kg/min titrate to systolic BP 90-100 mm Hg</p> <p>BH May repeat Nitroglycerin</p> <p><u>RESPIRATORY DISTRESS OF CROUP-LIKE COUGH</u></p> <p>SO Aerosolized saline or water 5 mL via oxygen powered nebulizer/mask, may repeat prn</p> <p>For respiratory distress with stridor at rest suspected croup/epiglottitis (1-2 yr old patient 10-13kg):</p> <p>BHP Epinephrine 1:1000 via nebulizer 0.5mL/kg max 5mL; monitor ECG during administration</p> <p><u>PEDIATRIC NOTE:</u></p> <p>Refer to Pediatric Drug Guide</p> <p><u>RESPIRATORY DISTRESS with bronchospasm</u></p> <p>For child weighing 20 kg or greater in severe distress - give albuterol 5 mg</p>

APPROVAL:



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