

RESPIRATORY DISTRESS

ALL PROVIDERS

- ☐ Focused history and physical exam:
 - Determine the need to treat under the **Allergic Reaction/Anaphylaxis Guideline**
 - Determine the need to treat under the **Congestive Heart Failure Guideline**
 - Assess blood glucose, temperature and oxygen saturation
- ☐ Cardiac monitor, ETCO₂, and pulse oximetry monitoring, when available
- ☐ Consider a 12 lead EKG
- ☐ **Treatment Plan**
 - Remove any obvious obstructions to the airway
 - For choking infants apply a sequence of 5 back blows and 5 chest thrusts until the item is dislodged
 - For choking adults and children, use the abdominal thrust ("Heimlich) maneuver.
 - Maintain airway, administer 10-15 lpm of oxygen via NRB
- ☐ **Key Considerations**
 - Recall that infants and small children are primarily nose breathers, consider oral and nasal suctioning for copious secretions
 - Keep patient NPO for any respiratory distress and if children have a RR >60

ADULT

PEDIATRIC (<15 years of Age)

NOTE: Pediatric weight based dosing should not exceed Adult dosing.

EMT

- ☐ Assist with administration of prescribed metered dose inhaler or nebulizer medication per dosing instructions. If MDI dosing instructions are not available, give second dose at 20 minutes if needed

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- ☐ Allow the patient to achieve and remain in a position of comfort (the parents arms if desired) and keep them as calm as possible.

AEMT

- ☐ Advanced airway, vascular access and fluid therapy per **IV/IO Access and Fluid Therapy Guidelines**
- ☐ For **ANAPHYLAXIS**:
 - See **Anaphylaxis/Allergic Reaction Guideline**
- ☐ For **WHEEZING**:
 - **Albuterol 2.5 mg/3cc NS** nebulized
 - Repeat nebs as needed
 - Patient respiratory status must be reassessed after each dose to determine need for additional treatment
- ☐ For **STRIDOR**:
 - **Epinephrine (1:1000) 2 ml (2mg)** mixed with 3mL of normal saline nebulized

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 - See **Anaphylaxis/Allergic Reaction Guideline**
- ☐ For **WHEEZING**:
 - **Albuterol 2.5 mg/3 cc NS** nebulized
 - For infants < 1yr: **albuterol 2.5 mg/3cc NS** nebulized if wheezing persists after nasal suctioning
- ☐ For **STRIDOR** (croup):
 - **Epinephrine (1:1000) 2mL (2mg)** added to 3mL of Normal Saline via nebulizer
- ☒ Patient respiratory status must be reassessed after each dose to determine need for additional treatment. Call OLMC for additional doses.

PARAMEDIC

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- ❑ **Magnesium sulfate 2gm** IV over 15-30 minutes for severe wheezing unresponsive to albuterol
- ❑ **CPAP** – Consider when the patient is awake but needs assistance with oxygenation and ventilation such as in a CHF/Pulmonary Edema patient or COPD patient.
 - Explain the procedure to the patient
 - Initially apply the mask and begin the CPAP according to training instructions.
 - CPAP - Provide 10 L/min oxygen and PAP of 5 cm H₂O to begin.
- **Contact OLMC to discuss further settings and treatment above the initial setup**
- ❑ **Magnesium sulfate 40 mg/kg** IV over 15-30 minutes for severe wheezing unresponsive to albuterol
- ❑ **CPAP** – ONLY use when the patient is on the machine at home. Maintain home settings and bring machine with the patient. If unable to adequately ventilate return to BVM or advance to intubation