

**Genesee County
ADULT TREATMENT
RESPIRATORY DISTRESS**


Initial Date: 11/15/2012
Revised Date: 10/25/2017

Section 3-3


Respiratory Distress

1. Follow **General Pre-hospital Care Protocol**.
2. Allow patient a position of comfort.
3. **Determine the type of respiratory problem involved:**

CLEAR BREATH SOUNDS:

-  1. Possible metabolic problems, MI, pulmonary embolus, hyperventilation
2. Obtain 12-lead ECG.



ASYMMETRICAL BREATH SOUNDS:

-  1. If evidence of tension pneumothorax and patient unstable, consider decompression (refer to **Pleural Decompression Procedure**)

STRIDOR/UPPER AIRWAY OBSTRUCTION:

1. Complete Obstruction:
 - A. Follow **Emergency Airway Procedure**.
2. Partial Obstruction: epiglottitis, foreign body, anaphylaxis:
 - A. Follow **Emergency Airway Procedure**.
 - B. Consider anaphylaxis (see **Anaphylaxis/Allergic Reaction Protocol**).
 - C. Transport in position of comfort.



RHONCHI (SUSPECTED PNEUMONIA):

1. Sit patient upright.
-  2. Consider CPAP per MCA selection. Refer to **CPAP/BiPAP Procedure**.
-  3. Consider NS IV/IO fluid bolus up to 1 liter, wide open if tachycardia, repeat as needed.

CRACKLES (CHF/PULMONARY EDEMA):

1. Refer to the **Pulmonary Edema/CHF** protocol in the adult cardiac protocols.

WHEEZING, DIMINISHED BREATH SOUNDS (ASTHMA, COPD):

1. Assist the patient in using their own Albuterol Inhaler, if available
-  2. Administer Albuterol if available. Refer to **Nebulized Bronchodilators Procedure**.
3. Consider CPAP per MCA selection. Refer to **CPAP/BiPAP Procedure**.
4. Administer Epinephrine auto-injector (0.3 mg) in patients with impending respiratory failure unable to tolerate nebulizer therapy.
-  5. Administer Bronchodilator per **Nebulized Bronchodilators Procedure**.
6. Administer Epinephrine 1 mg/ml, 0.3 mg (0.3 ml) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy.

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7. Per MCA Selection, if a second nebulized treatment is needed, administer Prednisone **OR** Methylprednisolone.

<u>Medication Options:</u>	
<u>Prednisone</u> 50 mg tablet PO	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<u>Methylprednisolone</u> 125 mg IV	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

8. For MCA with both selected, Prednisone PO is the preferred medication. Methylprednisolone is secondary and reserved for when a patient can't take a PO medication.
9. Consider CPAP/BiPAP (if available) per **CPAP/BiPAP Procedure**.

Asthma:



10. Consider repeat Epinephrine 1mg/ml, 0.3 mg (0.3 ml) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy. **(post-radio)**
11. Consider Magnesium Sulfate 2gms slowly IV in refractory Status Asthmaticus. Administration of Magnesium Sulfate is best accomplished by adding Magnesium Sulfate 2gm to 100 to 250 ml of NS and infusing over approximately 10 minutes.