Respiratory Distress

Pre-Medical Control
MFR/EMT/SPECIALIST/PARAMEDIC

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

STRIDOR/UPPER AIRWAY OBSTRUCTION:
MFR/EMT/SPECIALIST/PARAMEDIC

1. Complete Obstruction:
   a. Follow **Obstructed Airway Procedure**.
2. Partial Obstruction: epiglottitis, foreign body, anaphylaxis:
   a. Follow **Obstructed Airway Procedure**.
   b. Consider anaphylaxis (see **Anaphylaxis/Allergic Reaction Protocol**).
   c. Transport in position of comfort.

CLEAR BREATH SOUNDS:
PARAMEDIC

1. Possible hyperventilation, metabolic problems, MI, pulmonary embolus
   a. Obtain 12-lead EKG, if available.

CRACKLES (CHF/PULMONARY EDEMA):
MFR/EMT/SPECIALIST/PARAMEDIC

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

RHONCHI (SUSPECTED PNEUMONIA):
MFR/EMT/SPECIALIST/PARAMEDIC

1. Sit patient upright.

SPECIALIST/PARAMEDIC

2. Consider 250 ml NS fluid bolus if tachycardia, repeat as needed.

PARAMEDIC

3. Consider CPAP/BiPAP per procedure.

ASYMETRICAL BREATH SOUNDS:
PARAMEDIC

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

WHEEZING, DIMINISHED BREATH SOUNDS (ASTHMA, COPD):

Bronchodilator Options

☐ Albuterol 2.5 mg/3 ml NS nebulized

OR

☑ Albuterol 2.5 mg/3 ml NS & Ipratropium 500 mcg nebulized

Medication Options:

Prednisone
50 mg tablet PO

☑ YES ☐ NO

Methylprednisolone
125 mg IV

☑ YES ☐ NO

MFR/EMT/SPECIALIST

1. Assist the patient in using their own Albuterol Inhaler, if available

EMT/SPECIALIST

2. Administer Albuterol 2.5 mg/3ml nebulized if available, repeat as indicated.

PARAMEDIC

3. Per MCA selection, administer Albuterol nebulized **OR** Albuterol and Ipratropium nebulized if wheezing or airway constriction.
4. Administer additional Albuterol 2.5 mg/3 ml NS nebulized, as needed, if wheezing or airway constriction persists.
5. Per MCA Selection, if a second nebulized treatment is needed, administer Prednisone **OR** Methylprednisolone.
6. Consider CPAP/BiPAP (if available) per **CPAP/BiPAP Procedure**.

Post -Medical Control:

Asthma:

1. Consider Epinephrine 1:1,000, 0.3 mg (0.3 ml) IM.
2. Consider Magnesium sulfate 2gms slow IVP in refractory Status Asthmaticus.