

RESPIRATORY DISTRESS

| Key BLS Points | ALS | | | | | | | | |
|---|--|--|--|-------|---------|-------|--|---|--|
| <ol style="list-style-type: none"> 1. Scene safety: see Misc. Policies Module: Transporting Acute Infectious Respiratory Conditions protocol. 2. ABC's, ventilate prn. 3. High flow O2. COPD patients: Do not withhold high flow oxygen therapy. 4. Do not delay transport at anytime during this protocol. 5. Pulse Ox: COPD patients' expect/accept SaO₂ readings between 85% - 90%. 6. Give reassurance; provide calm environment. 7. Position of comfort, usually High Fowlers. 8. Hyperventilation: Coach pt. to slow breathing and have them breathe with you. | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Possible Causes: F PE F COPD F Asthma F Bronchitis F Pneumonia F Cardiac Failure F Anxiety F Foreign Body F Pneumothorax (spontaneous) </div> <ol style="list-style-type: none"> 9. Cardiac monitor. 10. Advanced airway when clinically indicated. 11. Establish IV NS, TKO or NS lock with blood draw. 12. After auscultating breath sounds, choose respiratory pathway below: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">CLEAR</th> <th style="width: 33%; text-align: center;">WHEEZES</th> <th style="width: 33%; text-align: center;">RALES</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p>(Not in EMT-II Scope)</p> <ol style="list-style-type: none"> 13. <i>If decreased or absent unilaterally</i>, consider pneumo or tension pneumothorax; needle decompression. <hr/> <ol style="list-style-type: none"> 14. If decreased bilaterally, obtain Bp: <ul style="list-style-type: none"> ∅ If systolic less than 90 mmHg, consider PE or AMI, see <u>ACLS: Cardiogenic Shock/ Acute Pulmonary Edema</u> protocol. ∅ If systolic greater than 90 mmHg, Supportive Care. </td> <td style="vertical-align: top;"> <ol style="list-style-type: none"> 13. <i>If unilateral</i>, consider PE, F/B. 14. If bilateral wheezes, Albuterol (1) unit dose HHN, MR prn to a MAX of (6) unit dose vials, then per BHPO. <ul style="list-style-type: none"> ∅ Obtain BHPO if HR is greater than 150 BPM, Cardiac disorders, hyperthyroidism, or HTN present. 15. If no response, give Epinephrine (1:1,000) 0.3 – 0.5 mg of SQ. MR q five (5) min. X 2, for a total of three (3) doses. 16. Obtain Bp: <ul style="list-style-type: none"> ∅ If less than 90 mmHg, consider PE or AMI, see <u>Cardiogenic Shock/ Acute Pulmonary Edema</u> protocol. 15. If greater than 90 mmHg, supportive care. </td> <td style="vertical-align: top;"> <ol style="list-style-type: none"> 13. <i>If unilateral</i>, consider pneumonia, especially with fever. 14. If bilat., obtain Bp: <ul style="list-style-type: none"> ∅ See <u>Cardiogenic Shock/Acute Pulmonary Edema</u> protocol. </td> </tr> </tbody> </table> | | | CLEAR | WHEEZES | RALES | <p>(Not in EMT-II Scope)</p> <ol style="list-style-type: none"> 13. <i>If decreased or absent unilaterally</i>, consider pneumo or tension pneumothorax; needle decompression. <hr/> <ol style="list-style-type: none"> 14. If decreased bilaterally, obtain Bp: <ul style="list-style-type: none"> ∅ If systolic less than 90 mmHg, consider PE or AMI, see <u>ACLS: Cardiogenic Shock/ Acute Pulmonary Edema</u> protocol. ∅ If systolic greater than 90 mmHg, Supportive Care. | <ol style="list-style-type: none"> 13. <i>If unilateral</i>, consider PE, F/B. 14. If bilateral wheezes, Albuterol (1) unit dose HHN, MR prn to a MAX of (6) unit dose vials, then per BHPO. <ul style="list-style-type: none"> ∅ Obtain BHPO if HR is greater than 150 BPM, Cardiac disorders, hyperthyroidism, or HTN present. 15. If no response, give Epinephrine (1:1,000) 0.3 – 0.5 mg of SQ. MR q five (5) min. X 2, for a total of three (3) doses. 16. Obtain Bp: <ul style="list-style-type: none"> ∅ If less than 90 mmHg, consider PE or AMI, see <u>Cardiogenic Shock/ Acute Pulmonary Edema</u> protocol. 15. If greater than 90 mmHg, supportive care. | <ol style="list-style-type: none"> 13. <i>If unilateral</i>, consider pneumonia, especially with fever. 14. If bilat., obtain Bp: <ul style="list-style-type: none"> ∅ See <u>Cardiogenic Shock/Acute Pulmonary Edema</u> protocol. |
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