



## 414 – Respiratory Distress - Revised

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### DEFINITION:

Subjective and objective signs of respiratory difficulty as manifested by labored breathing, anxiety, restlessness or low oxygen saturation.

### PRECAUTIONS:

Please note that in patients who are experiencing severe bronchospasm, in both Asthma and Emphysema (COPD), the breath sounds may sound clear, yet diminished. This is due to a decreased tidal volume and not moving enough air to create audible wheezing. This subset of patients have severe bronchospasm and are in extremis, requiring treatment. If the breath sounds are diminished then treat the patient with Beta Agonists. This is particularly true in patients who have a history of COPD and/ or Asthma. You may treat patients who have a blood pressure either above or below 90 mm Hg.

### TREATMENT:

1. ABC's.
2. Supplemental O<sub>2</sub>. For patients with history of COPD O<sub>2</sub> saturation may be in the 85 to 90% range.
3. Position of comfort, usually high fowlers.
4. Continuous cardiac monitor, 12 lead EKG if available.
5. IV NS or saline lock.
6. **For pulmonary edema:**
  - a. Nitroglycerin 0.4 mg(1/150 gr SL), may repeat every 5 minutes ( if SBP>90 )X 3 for a total of 4 (four)doses, then per base hospital physician order. Ask patient prior to administration of ntg about usage of drugs for erectile dysfunction; Viagra, Cialis, Levitra-like drugs are contraindicated as well as herbals used for same.
  - b. Administer furosemide, (Lasix) 40mg slow IV. If patient takes Lasix regularly, give 80 mg Lasix slow IV.
  - c. In moderate to severe respiratory distress, consider CPAP.
  - d. Nitro paste 1” transdermal, optional. Monitor blood pressure and avoid hypotension. Remove paste if systolic blood pressure is less than 90 mmHg.
  - e. Consider morphine with base hospital physician order.
7. **For bronchospasm:**
  - a. If unilateral wheezes, consider pulmonary embolus or foreign body aspiration.
  - b. If bilateral wheezes, Albuterol (1) unit dose HHN, may repeat as needed to a maximum of (6) unit dose vials, then per base hospital physician order. **Obtain base hospital physician order if heart rate is greater than 150 beats per minute, cardiac disorders, hyperthyroidism, or hypertension present.**
  - c. If no response, give epinephrine (1:1,000) 0.3 – 0.5 mg of SQ. May repeat every five (5) minutes X 2, for a total of three (3) doses.

### DOCUMENTATION:

1. Patient's response to treatment.
2. Skills and medication usage form for as indicated.