

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

RESPIRATORY DISTRESS

FIRST RESPONDER

I. Management

- A. Allow patient a position of comfort
 - 1. Severe respiratory distress¹
 - a. Place patient in an upright or high fowler's position.

- B. Establish and maintain airway, provide oxygenation and support ventilation as needed.
 - 1. If the patient is in **mild to moderate** distress, administer oxygen up to 6 liters per minute via nasal cannula. If the patient is in **severe** distress, use a non-rebreather 10-15 lpm.

- C. Auscultate Lung Sounds
 - 1. Clear(vesicular)²
 - 2. Crackles(rales)³
 - 3. Wheezes⁴
 - 4. Asymmetrical⁵

- D. Determine the type of respiratory problem involved
 - 1. Complete Obstruction
 - a. Go to Obstructed Airway Procedure.

 - 2. Partial Obstruction⁶
 - a. Also refer to Obstructed Airway Procedure.
 - b. In suspected epiglottitis⁷, **MINIMIZE AGITATION.**
 - c. Consider anaphylaxis(see Allergic Reaction/Anaphylaxis Protocol).

 - 3. Clear Breath Sounds
 - a. Consider these possible underlying conditions
 - 1. Hyperventilation
 - 2. Metabolic problems
 - 3. MI
 - 4. Pulmonary Embolus

BASIC LIFE SUPPORT

- 4. Arrange for ALS Intercept.

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5. Initiate transport toward ALS intercept in **POSITION OF COMFORT**(sit in upright position for suspected cardiac, asthma and COPD).
6. Consider **COMBITUBE**, if not breathing.

ADVANCED LIFE SUPPORT

7. Monitor **EKG**.
8. **IV NORMAL SALINE @ TKO**

NOTIFY RECEIVING FACILITY

9. Crackles (rales)
 - a. Suspected cardiac(i.e. pulmonary edema)
 1. Administer **NITROGLYCERIN SL 0.4mg(1/150)**.
 - a. May repeat every five minutes, to a total of 3 doses.
 - b. Do not administer if patient is or becomes hypotensive(systolic BP<90), or has taken any of the **erectile dysfunction medications** (i.e.Viagra, Caverta, Cialis, Levitra)within previous 24 hours.⁸
 2. Administer **FUROSEMIDE 40mg IVP**
 - b. Suspected non-cardiac (i.e. pneumonia)
10. Wheezes (i.e. asthma, COPD)
 - a. Consider anaphylactic reaction: See Allergic Reaction/Anaphylaxis Protocol.
 - b. Administer **ALBUTEROL 2.5mg pre-diluted in 3cc SOLUTION VIA NEBULIZER.**⁹
 1. Maybe repeated above dose if no improvement.
11. Asymmetrical breath sounds
 - a. If evidence of tension pneumothorax and patient unstable, consider **DECOMPRESSION**.

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CONTACT MEDICAL CONTROL

- E. Possible orders post radio contact (for suspected CHF; crackles, rales):
1. Additional **NTG SL** 0.4mg every 3 to 5 minutes
 2. Additional **Furosemide** repeat up to 1mg/kg up to total dose
 3. Consider **Morphine** 2-5mg IVP
 4. Albuterol 2.5mg, maybe repeated @ 2.5mg if no improvement.
- F. Possible orders post radio contact (asthma):
1. Consider **Epinephrine** 1:1,000 SQ (0.3mg)
 2. Consider **Magnesium Sulfate** 2gms slow IVP in refractory Status Asthmaticus.
 3. Consider **albuterol**¹⁰, initial or repeat 2.5mg to 5mg
 4. **Atrovent** 0.5 to 1mg
- G. Possible orders post radio contact (COPD):
1. **Albuterol** 2.5 to 5mg
- H. Consider **SEDATED INTUBATION PROTOCOL**, if indicated.

¹ Signs and symptoms may include, but are not limited to patient may be anxious, confused or agitated due to hypoxia, cyanosis, diaphoresis, rapid respirations, tachycardia, retractions, etc.

² Soft, low pitched, "sighing" sounds.

³ Fine crackling sounds, similar to the sound of hair being rolled between your fingers. Indicate fluid in the lungs and minor alveolar obstruction.

⁴ Prolonged, higher pitched expiratory sounds, reflect airway narrowing. Generally suggest bronchial constriction and asthma.

⁵ Unequal breath sounds. Absent or diminished breath sounds on one side.

⁶ Refers to but not limited to the following: croup, epiglottitis, foreign body, anaphylaxis.

⁷ Bacterial infection of the epiglottis, which is the flap of cartilage that protects the airway during swallowing. During the infection process, the epiglottis becomes swollen and cherry red. It usually occurs in children older than age four and is a serious medical emergency.

⁸ combination of two may increase risk of severe hypotension or cardiovascular collapse.

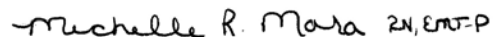
⁹ Nebulizer treatment may be initiated prior to vascular access. Do not delay nebulizer treatment.

¹⁰ Atrovent .5 to 1mg may be used in combination with albuterol.

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