

Detroit East Medical Control Authority Special Study Protocol
Adult Treatment Protocols
RESPIRATORY DISTRESS

Date: March, 2016

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Basic EMT-Epinephrine Study
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 **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.

CLEAR BREATH SOUNDS:

PARAMEDIC

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

EMT/SPECIALIST

2. Consider CPAP per MCA selection. Refer to CPAP/BiPAP Procedure.

SPECIALIST

3. Consider NS IV/IO fluid bolus up to 1 liter, wide open if tachycardia, repeat as needed.

PARAMEDIC

3. Consider CPAP/BiPAP (if available) per CPAP/BiPAP Procedure.
4. Consider NS IV/IO fluid bolus up to 1 liter, wide open if tachycardia, repeat as needed.

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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):

MFR/EMT/SPECIALIST

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

EMT/SPECIALIST

2. Administer Albuterol if available. Refer to **Nebulized Bronchodilators Procedure**.
3. Consider CPAP per MCA selection. Refer to **CPAP/BiPAP Procedure**.
4. Administer Epinephrine 1 mg/mL, 0.3 mg (0.3 ml) IM to patients with impending respiratory failure unable to tolerate nebulizer therapy.

PARAMEDIC

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.
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. Consider CPAP/BiPAP (if available) per **CPAP/BiPAP Procedure**.

Post -Medical Control

ASTHMA:

EMT/SPECIALIST/PARAMEDIC

1. Consider Epinephrine 1 mg/mL, 0.3 mg (0.3 ml) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy.

PARAMEDIC

2. Consider Magnesium Sulfate 2 gm slowly IV in refractory Status Asthmaticus. Administration of Magnesium Sulfate is best accomplished by adding Magnesium Sulfate 2 gm to 100 to 250 ml of NS and infusing over approximately 10 minutes.