



Respiratory Distress

1. Follow **General Pre-hospital Care Protocol**.
2. Allow the patient to be in a position of comfort.
3. Determine the type of respiratory problem involved
4. Obtain a 12-Lead ECG per the 12-Lead ECG protocol, however, do not delay treatment of respiratory distress.

CLEAR BREATH SOUNDS:

-  1. Possible metabolic problems, myocardial infarction, pulmonary embolus, hyperventilation



ASYMMETRICAL BREATH SOUNDS:

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

STRIDOR/UPPER AIRWAY OBSTRUCTION:

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.


RHONCHI (SUSPECTED PNEUMONIA):

1. Sit patient upright.
-  2. Consider CPAP per MCA selection. Refer to **CPAP/BiPAP Procedure**.
-  3. Consider NS IV/IO fluid bolus up to 1 liter, wide open if tachycardia, repeat as needed.

CRACKLES (CHF/PULMONARY EDEMA):


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

WHEEZING, DIMINISHED BREATH SOUNDS (ASTHMA, COPD):

-  1. Assist the patient in using their own Albuterol Inhaler, if available
2. Administer Albuterol if available. Refer to Nebulized Bronchodilators Procedure.
3. Consider CPAP per MCA selection. **Refer to CPAP/BiPAP Procedure**.
4. Administer 0.3 mg (0.3 ml) Epinephrine 1 mg/mL IM OR via Adult Epinephrine auto- injector in patients

with impending respiratory failure.

5. Administer Bronchodilator per Nebulized Bronchodilators Procedure

-  6. Per MCA Selection, if a second nebulized treatment is needed, administer 50 mg Prednisone tablet PO (the preferred medication) **OR** Methylprednisolone 125 mg IV (reserved for when a patient can't take a PO medication.)

Asthma:



7. Consider repeat Epinephrine 1mg/ml (0.3ml) IM in patients with impending respiratory failure.



8. Consider Magnesium Sulfate 2gms slowly IV in refractory Status Asthmaticus.

Administration of Magnesium Sulfate is best accomplished by adding Magnesium Sulfate 2gm to 100 to 250 ml of NS and infusing over approximately 10 minutes