Respiratory Distress

1. Follow General Pre-hospital Care Protocol.
2. Allow patient a position of comfort.
3. Determine the type of respiratory problem involved:

CLEAR BREATH SOUNDS:
1. Possible metabolic problems, MI, pulmonary embolus, hyperventilation
2. Obtain 12-lead ECG.

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 Epinephrine auto-injector (0.3 mg) in patients with impending respiratory failure unable to tolerate nebulizer therapy.
5. Administer Bronchodilator per Nebulized Bronchodilators Medication Section.
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.

8. For MCA with both selected, Prednisone PO is the preferred medication. Methylprednisolone is secondary and reserved for when a patient can't take a PO medication.

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

**Asthma:**

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

11. 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.
Follow General Pre-hospital Care Protocol

- Allow patient position of comfort
- Determine type of respiratory problem

Nature of Airway Sounds?

Clear

Stridor

Rhonchi (Pneumonia)

Crackles (CHF/Pulmonary Edema)

Possible
- Metabolic Problems
- Myocardial Infarction
- Pulmonary Embolus
- Hyperventilation

Obtain 12 Lead ECG

Asymmetric

Complete or Partial Obstruction? Follow Emergency Airway Procedure

Consider Anaphylaxis, refer to Anaphylaxis/Allergic Reaction Protocol

If evidence of tension pneumothorax and patient unstable refer to Pleural Decompression Procedure

Sit Patient Upright
Consider Fluid Bolus

Refer to CPAP/BiPAP Procedure

Consider Anaphylaxis, refer to CHF/Pulmonary Edema

Wheezing (Asthma/COPD), See Page 2
Wheezing (Asthma/COPD)

Assist patient with their own Albuterol, if available

Consider CPAP, CPAP/BiPAP Procedure

Administer Epinephrine auto-injector (0.3 mg) for patients in impending respiratory failure, unable to tolerate nebulizer treatments

Administer bronchodilator Per Nebulized Bronchodilators Medication Section

Paramedics:
- Administer Epinephrine 1mg/ml, 0.3 mg IM to patients in impending respiratory failure, unable to tolerate nebulizer treatments
- If a second nebulized treatment is needed, administer steroid, per MCA selection.

Consider CPAP/BiPAP. Refer to CPAP/BiPAP Procedure

Contact Medical Control

Medication Options: (Choose One)

- Prednisone 50 mg tablet PO
  - ☑️ YES  ❌ NO
- Methylprednisolone 125 mg IV
  - ☑️ YES  ❌ NO

For status asthmaticus, consider Magnesium Sulfate 2 gm slowly IV. (Add Magnesium Sulfate 2 gm to 100 or 250 ml NS and infuse over 10 minutes)