



Initial Date: 8/31/2023

Revised Date:

Oakland County Medical Control Authority
ADULT TREATMENT
RESPIRATORY DISTRESS


Section 3-3

Respiratory Distress

For patients ≤ 14 years of age refer to **4.5 Pediatric Respiratory Distress-Treatment Protocol**.

1. Follow **1.1 General Pre-hospital Care-Treatment Protocol**.
2. Allow patient a position of comfort.
3. Determine the type of respiratory problem involved.
4. Crackles of suspected cardiac etiology or fluid overload (Refer to the **5.4 Pulmonary Edema/Cardiogenic Shock-Treatment Protocol**).

CLEAR BREATH SOUNDS:

1. Possible metabolic problems, MI, pulmonary embolus, hyperventilation
-  2. Obtain 12-lead ECG (Per MCA selection, may be a BLS or Specialist procedure) follow **7.1 12 Lead ECG-Procedure Protocol**.



ASYMMETRICAL BREATH SOUNDS:

-  1. If evidence of tension pneumothorax and patient unstable, consider decompression refer to **7.18 Pleural Decompression-Procedure Protocol**

STRIDOR/UPPER AIRWAY OBSTRUCTION:

1. Complete Obstruction:
 - A. Follow **1.10 Foreign Body Airway Obstruction-Treatment Protocol**.
2. Partial Obstruction: epiglottitis, foreign body, anaphylaxis, etc.
 - A. Follow **7.9 Airway Management-Procedure Protocol**.
 - B. Consider anaphylaxis see **1.6 Anaphylaxis/Allergic Reaction-Treatment Protocol**.
 - C. Transport in position of comfort.



RHONCHI (SUSPECTED PNEUMONIA):

1. Sit patient upright.
-  2. Consider CPAP per **7.5 CPAP-Procedure Protocol**.
-  3. Consider **NS** or **LR** IV/IO fluid bolus up to 1 liter, wide open if tachycardia, repeat as needed per **7.23 Vascular Access and IV Fluid Therapy-Procedure Protocol**

CRACKLES:

1. Crackles of suspected non cardiac etiology/fluid – follow wheezing, diminished breath sound below. For crackles of suspected cardiac etiology/CHF/cardiogenic shock refer to **5.4 Pulmonary Edema/Cardiogenic Shock-Treatment Protocol**.

WHEEZING, DIMINISHED BREATH SOUNDS (ASTHMA, COPD):

-  1. Assist the patient in using their own **albuterol** Inhaler, if available
 -  a. Administer **albuterol** 2.5 mg/3mL NS nebulized (Per MCA selection may be EMT skill) per **9.1 Medication Administration-Medication Protocol**



Oakland County Medical Control Authority ADULT TREATMENT RESPIRATORY DISTRESS

Nebulized **albuterol** administration per
MCA selection
 EMT

- 2. Consider CPAP per **7.5 CPAP-Procedure Protocol**.
- 3. Administer epinephrine auto-injector (0.3 mg) in patients with impending respiratory failure and unable to tolerate nebulizer therapy,

MCA Approval of **epinephrine** auto-injector IM
 MFR

MCAs will be responsible for maintaining a roster of the agencies choosing to participate and will submit roster to MDHHS.

- 4. Administer **epinephrine** 1 mg/mL, 0.3 mg (0.3 mL) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy (per MCA selection may be BLS or MFR skill).
NOTE: BLS not carrying epinephrine auto-injector **MUST** participate in draw up epinephrine.

MCA Approval of draw up **epinephrine**.
 MFR
 BLS

Personnel must complete MCA approved training prior to participating in draw up **epinephrine**.

MCAs will be responsible for maintaining a roster of the agencies choosing to participate and will submit roster to MDHHS.

- 5. Administer nebulized **albuterol** 2.5 mg/3 mL **NS** nebulized and **Ipratropium** 500 mcg/2.5 mL **NS** if wheezing and/or airway constriction per **Medication Administration-Medication Protocol** (Per MCA selection may be Specialist skill)

Nebulized **albuterol/ipratropium**
administration per MCA selection
 Specialist

- 6. Administer prednisone tablet 50 mg PO to adults and children > 6 years of age (if available per MCA selection)

Additional Medication Option:
 Prednisone 50 mg tablet PO
(Adults and Children > 6 y/o)



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- i. If **prednisone** is not available, patient is ≤ 6 years of age, or patient is unable to receive medication PO, administer **methylprednisolone** IV/IO/IM:
- Adults: 125 mg
 - Pediatrics: 2mg/kg (max 125 mg)

-   7. Contact medical control and consider repeat **epinephrine** 1mg/mL, 0.3 mg (0.3 mL) IM in asthma patients with impending respiratory failure if unable to tolerate nebulizer therapy.
-  8. Consider **magnesium sulfate** 2gms slow 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.

Medication Reference

Albuterol

Epinephrine

Ipratropium

Magnesium Sulfate

Methylprednisolone

Prednisone

Protocol Source/Reference: Michigan 3.3 Respiratory Distress; Version 8/11/23