RESPIRATORY DISTRESS
UPDATED 1/2024

ALL PROVIDERS

- ❑ Focused history and physical exam:
  - Determine the need to treat under the ***Allergic Reaction/Anaphylaxis Guideline***
  - Determine the need to treat under the ***CHF/Pulmonary Edema Guideline***
  - Assess blood glucose, temperature and oxygen saturation
- ❑ Cardiac monitor, ETCo2, and pulse oximetry monitoring.
- ❑ Consider a 12 lead EKG
- ❑ **Treatment Plan**
  - **Choking**: Attempt to alleviate any obvious obstructions to the airway
    - For choking infants apply a sequence of 5 back blows and 5 chest thrusts until the item is dislodged
    - For choking adults and children, use the abdominal thrust ("Heimlich") maneuver.
  - **Suctioning**
    - Infants and young children require a clear nose for effective breathing. Suctioning oral and nasal passages are essential in management in respiratory distress
    - Use a 8fr soft catheter, clear each nostril
    - If distress persists, lubricate the nare with 1-2 drops of saline and suction to the depth from the tip of the child nose to their ear lobe.
    - Suction while withdrawing, use a twisting motion, for no less than 10 seconds per nare
- ❑ **Key Considerations**
  - Maintain airway, administer 10-15 lpm of oxygen via NRB
  - Recall that infants and small children are primarily nose breathers, consider oral and nasal suctioning for copious secretions
  - Keep patient NPO for any respiratory distress and if children have a RR >60

ADULT	PEDIATRIC (<15 years of Age) NOTE: Pediatric weight based dosing should not exceed Adult dosing.
EMT	**EMT**
❑ Administer prescribed metered dose inhaler or nebulizer medication per dosing instructions. If MDI dosing instructions are not available, give second dose at 20 minutes if needed	❑ Administer prescribed metered dose inhaler or nebulizer medication per dosing instructions. If MDI dosing instructions are not available, give second dose at 20 minutes if needed ❑ Allow the patient to achieve and remain in a position of comfort (the parents arms if desired) and keep them as calm as possible.
AEMT	**AEMT**

- ❑ Advanced airway, vascular access and fluid therapy
- ❑ For **ANAPHYLAXIS**:
  - See ***Anaphylaxis/Allergic Reaction Guideline***
- ❑ For **WHEEZING**:
  - **Albuterol - 2.5 mg/3cc NS** nebulized
  - **Ipratropium - 0.5mg** (**Once**) nebulized treatment
    - Repeat nebs every 10 min as needed
    - Patient respiratory status must be reassessed after each dose to determine need for additional treatment
  - **Epinephrine (1:1,000) 0.5mg IM** every 20 minutes as needed for acute severe

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- ❑ For **ANAPHYLAXIS**:
  - See ***Anaphylaxis/Allergic Reaction Guideline***
- ❑ For **WHEEZING**:
  - **Albuterol - 2.5 mg** nebulized
  - **Ipratropium - 0.5mg** (**Once**) nebulized treatment
    - For infants < 1yr: **albuterol 2.5 mg** nebulized if wheezing persists after nasal suctioning
  - **Epinephrine (1:1,000) 0.01mg/kg (Max 0.3mg) IM** every 20 minutes as needed for Acute severe asthma unresponsive to inhaled beta-agonist
- ❑ For **STRIDOR**:

asthma unresponsive to multiple doses of inhaled beta-agonists

- ❑ For **STRIDOR**:
  - **Epinephrine (1:1,000) 2mg** mixed with 3mL of normal saline nebulized
  - **CPAP/BiPAP** – Consider when the patient is awake but needs assistance with oxygenation and ventilation such as in a CHF/Pulmonary Edema patient or COPD patient.
    - Explain the procedure to the patient
    - Initially apply the mask and begin the CPAP or BiPAP according to training instructions.
    - CPAP - Provide 10 L/min oxygen and PAP of 5 cm H2O to begin.
    - BiPAP – Provide 10 L/min oxygen and IPAP at 15 cm H2O with EPAP at about 5 cm H2O
  - **Epinephrine (1:1,000) 2mg** added to 3mL of Normal Saline nebulized
  - **CPAP/BiBAP** – ONLY use when the patient is on the machine at home. Maintain home settings and bring machine with the patient. If unable to adequately ventilate, return to BVM or advance to intubation

✆ Patient respiratory status must be reassessed after each dose to determine need for additional treatment. Call OLMC for additional doses.

PARAMEDIC

- ❑ **Magnesium sulfate 2gm** IV over 15-30 minutes for severe wheezing unresponsive to albuterol
- ❑ **Lidocaine 2% 40-60 mg** (2–3 mL) added to Albuterol for adult patients with "cough variant asthma" with severe coughing inhibits respiratory function (with or without audible wheezes)
- ❑ For patients not tolerating CPAP/BiPAP consider procedural related anxiety management (refer to the **Behavioral Emergencies Protocol**)

✆ Contact OLMC to discuss further settings and treatment above the initial setup

PARAMEDIC

- ❑ **Magnesium sulfate 50 mg/kg (max 2 gm)** IV over 15-30 minutes for severe wheezing unresponsive to albuterol