Respiratory Distress

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

1. Follow **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 **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 **12 Lead ECG-Procedure Protocol**.

ASYMMETRICAL BREATH SOUNDS**:**

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

STRIDOR/UPPER AIRWAY OBSTRUCTION:

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

RHONCHI (SUSPECTED PNEUMONIA):

1. Sit patient upright.
2. Consider CPAP per **CPAP-Procedure Protocol.**
3. Consider **NS** or **LR** IV/IO fluid bolus up to 1 liter, wide open if tachycardia, repeat as needed per **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 **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 **Medication Administration-Medication Protocol**

Nebulized **albuterol** administration per MCA selection
☒ EMT

2. Consider CPAP per **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)

   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:
a. Adults: 125 mg
b. 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 Protocols
Albuterol
Epinephrine
Ipratropium
Magnesium Sulfate
Methylprednisolone
Prednisone