



RESPIRATORY DISTRESS – ADULT/ADOLESCENT

ALS STANDING ORDERS:

1. General:

- Pulse oximetry, if oxygen saturation less than 95%, administer one of following based on tolerance or condition:
 - ▶ *High-flow Oxygen by mask if tolerated and no history of COPD*
 - ▶ *If mask not tolerated; oxygen by nasal cannula 6 liters/minute if tolerated and no history of COPD.*
 - ▶ *If history of COPD, Oxygen by nasal cannula 2 liters/minute.*
- Monitor cardiac rhythm.

2. In addition to the above, if one of the following conditions exists, treat as noted:

Bilateral basilar rales, labored breathing (RR > 20/min) and suspected congestive heart failure or pulmonary edema:

- ▶ *If systolic BP ≥ 100 mm Hg, administer Nitroglycerin 0.4 mg SL, may repeat twice if BP remains ≥ 100 mm Hg. If systolic BP ≥ 150 mm Hg, administer Nitroglycerin 0.8 mg SL, may repeat twice if BP remains ≥ 150 mm Hg (if drops below 150 mm Hg, but remains above 100 mm Hg, continue with 0.4 mg SL dosing).*
- ▶ *CPAP if available as tolerated and if not contraindicated (reference PR-120).*
- ▶ *12-lead ECG, if “Acute MI” indicated contact Base Hospital for CVRC destination.*

→ ALS escort to nearest appropriate ERC.

Stridor (if suspected allergic reaction, refer to SO-M-15):

- ▶ *Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*

→ ALS escort to nearest appropriate ERC.

Wheezes, suspected asthma or other forms of bronchospasm, including COPD:

- ▶ *Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*
- ▶ *CPAP if available as tolerated and if not contraindicated (reference PR-120).*

For severe wheezing consistent with asthma, not responding to albuterol or CPAP, administer:

- ▶ *Epinephrine 0.3 mg SQ (1:1,000 concentration) once – hold if history of cardiac disease, signs of CHF, chest pain, or age > 40 years-old.*

→ ALS escort to nearest appropriate ERC.

3. If further orders required for patient stabilization, contact Base Hospital.

GUIDELINES:

- For purposes of this Guideline, respiratory distress is defined as labored breathing, rapid respiratory rate (> 26 breaths/minute), and patient complaint of difficulty breathing or inability to “get enough air”.
- Signs of respiratory distress include:
 - Breathing with use of accessory muscles including abdominal breathing.
 - Cyanosis, particularly of lips and facial area.
 - Audible noises of breathing, including rhonchi, rales, and wheezes.
- Respiratory distress is a symptom associated with multiple medical emergencies. Transport of this category of patients to a ERC for evaluation is essential.

Approved:

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