

Respiratory Distress

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Initial actions:

- Conduct scene size-up, primary assessment, & immediate life-saving interventions. Have an airway adjunct, ventilation & suction devices nearby & ready.
- Promptly administer oxygen as tolerated by the patient and, if available, titrate with pulse oximetry to desired SpO₂.
- Place the patient in a position of comfort (preferably seated in fowler's position)
- Request Advanced Life Support (ALS) considering their availability & hospital proximity.
- Obtain baseline vital signs, SAMPLE history, & conduct a secondary assessment attentive to respiratory fatigue, failure, or arrest.

Initiate the following treatment(s) as indicated & appropriate for awake, spontaneously breathing patients with respiratory distress.

Prompt transport is important – DO NOT delay transport to administer these treatments.

Therapy	Short-acting bronchodilator mist		Continuous Positive Airway Pressure (CPAP)
Form	Metered Dose Inhaler (MDI)	<ul style="list-style-type: none"> • Unit-dose solution by small volume nebulizer (SVN) • High-flow nebulizer (HFN) 	<ul style="list-style-type: none"> • Driven by oxygen or air • Full face or nasal mask, NO nasal prongs
Source	Must be prescribed for, & supplied by, the patient		<ul style="list-style-type: none"> • Prescribed for, & supplied by, the patient • Supplied by EMT/agency under Medical Director
Authorization	All EMTs		<ul style="list-style-type: none"> • Patient prescribed, or • EMTs under on-line Medical Control, or • Medical Director protocol
Age	No restriction		18 years or older
Indication(s)	<ul style="list-style-type: none"> • Dyspnea & signs of respiratory distress associated with bronchospasm (breath sounds diminished or wheezing, retractions, etc.) • Alert patient physically able to use inhaler or nebulizer. 		<ul style="list-style-type: none"> • Dyspnea & signs of respiratory distress associated with pulmonary edema (breath sounds diminished, wheezing, or significant rales; retractions; etc.) • Continuation of CPAP therapy in progress prior to EMS arrival or initiated by ALS.
Contraindications	<ul style="list-style-type: none"> • Medication is expired. • Known hypersensitivity or allergy to the medication. • Inability of the patient to physically assist in using the device. • Maximum prescribed dose has been met or exceeded prior to EMS arrival 		<ul style="list-style-type: none"> • Respiratory failure or apnea • Hypotension (SBP < 100 mm Hg) • Pneumothorax • Facial, laryngeal, or pulmonary trauma • Tracheoesophageal fistula • Recent tracheal, esophageal, or gastric surgery • Active or anticipated vomiting or upper GI bleeding • Failure to tolerate or completely seal CPAP mask
		<p align="center">SVN and/or HFN</p> <p>Solution is discolored, cloudy, or precipitated</p>	
Adverse Effects	<ul style="list-style-type: none"> • Hyperglycemia • Anxiety • Vomiting • Hypertension • Headache • Throat irritation 	<ul style="list-style-type: none"> • Hypokalemia • Tremors • Dry mouth • Dyspepsia • Sinus tach • Paradoxical bronchospasm 	<ul style="list-style-type: none"> • Palpitations • Nausea • Epitaxis • Insomnia • Claustrophobia • Excessive cooling • Difficulty exhaling • Pneumothorax • Edema • Subcutaneous emphysema • Epitaxis • Nausea • Cardiac arrhythmia • Pneumomediastinum • Aerophagia • Chest discomfort • Sinus discomfort

REMEMBER: When questions or concerns arise, contact medical control.

New Jersey Department of Health
Office of Emergency Medical Services
EMT Treatment Protocols

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Administration (MDI)	<ul style="list-style-type: none"> • Obtain & use spacer, if available • Determine number of puffs that make one dose per physician order • Coach the patient to exhale, depress canister while inhaling, hold breath as long as comfortable, then exhale slowly through pursed lips or nose • Separate puffs within one dose with 30-60 seconds of oxygen • May repeat one full dose once if indications remain after 5 minute reassessment unless the repeat dose would exceed the maximum prescribed dose 			
Administration (SVN) or (HFN)	<ul style="list-style-type: none"> • Select mouthpiece or mask delivery • Assemble & supply O₂ to SVN or HVN according to manufacturer's specifications • Coach patient to slowly & deeply inhale the mist, hold breath as long as comfortable & then exhale slowly • Tap nebulizer as necessary to encourage solution to accumulate & settle into cup/bowl & sustain mist delivery • Replace the original oxygen device after fog concludes • May repeat once if indications remain after 5 minute reassessment unless the repeat dose would exceed the maximum prescribed dose 			
Administration (CPAP)	<ul style="list-style-type: none"> • Limit CPAP to no more than 10 cm H₂O unless directed by medical control or patient prescription • Brief patient on what to expect & how to cooperate when CPAP mask is applied • Assemble & supply O₂ to CPAP device according to manufacturer's specifications • Assure a snug fit of CPAP mask & adequate O₂ supply • Reassess for tolerance of therapy, gastric distention, respiratory fatigue or failure, hypotension, &, if available, SpO₂ desaturation • Be prepared to abandon CPAP & provide original O₂ therapy or assisted ventilation • If possible, notify receiving facility prior to arrival that patient is receiving CPAP 			
Documentation	MDI SVN HFN	Note dose(s), time(s) of administration & patient response & communicate this during transfer of care to ALS and/or receiving facility staff	CPAP	Note therapy, CPAP pressure, & patient response & communicate this during transfer of care to ALS and/or receiving facility staff

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