

*Michigan*  
**Adult Treatment Protocols**  
**RESPIRATORY DISTRESS**

Date: November 15, 2012

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## ***Respiratory Distress***

### **Pre-Medical Control**

#### **MFR/EMT/SPECIALIST/PARAMEDIC**

1. Follow **General Pre-hospital Care Protocol**.
2. Allow patient a position of comfort.
3. **Determine the type of respiratory problem involved:**

### **STRIDOR/UPPER AIRWAY OBSTRUCTION:**

#### **MFR/EMT/SPECIALIST/PARAMEDIC**

1. Complete Obstruction:
  - a. Follow **Emergency Airway Procedure**.
2. Partial Obstruction: epiglottitis, foreign body, anaphylaxis:
  - A. Follow **Emergency Airway Procedure**.
  - B. Consider anaphylaxis (see **Anaphylaxis/Allergic Reaction Protocol**).
  - C. Transport in position of comfort.

### **CLEAR BREATH SOUNDS:**

#### **PARAMEDIC**

1. Possible hyperventilation, metabolic problems, MI, pulmonary embolus
  - A. Obtain 12-lead ECG, if available.

### **CRACKLES (CHF/PULMONARY EDEMA):**

#### **MFR/EMT/SPECIALIST/PARAMEDIC**

1. Refer to the **Pulmonary Edema/CHF** protocol in the adult cardiac protocols.

### **RHONCHI (SUSPECTED PNEUMONIA):**

#### **MFR/EMT/SPECIALIST/PARAMEDIC**

1. Sit patient upright.

#### **EMT/SPECIALIST**

2. Consider CPAP per MCA selection. Refer to **CPAP/BiPAP Procedure**.

#### **SPECIALIST/PARAMEDIC**

3. Consider NS IV/IO fluid bolus up to 1 liter, wide open if tachycardia, repeat as needed.

#### **PARAMEDIC**

4. Consider CPAP/BiPAP (if available) per **CPAP/BiPAP Procedure**.

### **ASYMETRICAL BREATH SOUNDS:**

#### **PARAMEDIC**

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

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**WHEEZING, DIMINISHED BREATH SOUNDS (ASTHMA, COPD):**

**MFR/EMT/SPECIALIST**

1. Assist the patient in using their own Albuterol Inhaler, if available

**EMT/SPECIALIST**

2. Administer Albuterol if available. Refer to **Nebulized Bronchodilators Procedure**.
3. Consider CPAP per MCA selection. Refer to **CPAP/BiPAP Procedure**.
4. Administer Epi-Pen (0.3 mg) in patients with impending respiratory failure unable to tolerate nebulizer therapy.

**PARAMEDIC**

5. Administer Bronchodilator per **Nebulized Bronchodilators Procedure**.
6. Administer Epinephrine 1:1,000, 0.3 mg (0.3 ml) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy.
7. Per MCA Selection, if a second nebulized treatment is needed, administer Prednisone **OR** Methylprednisolone.

**Medication Options:**

**Prednisone**  
**50 mg tablet PO**

☐ YES      ☐ NO

**Methylprednisolone**  
**125 mg IV**

☐ YES      ☐ NO

8. Consider CPAP/BiPAP (if available) per **CPAP/BiPAP Procedure**.

**Post -Medical Control:**

**Asthma:**

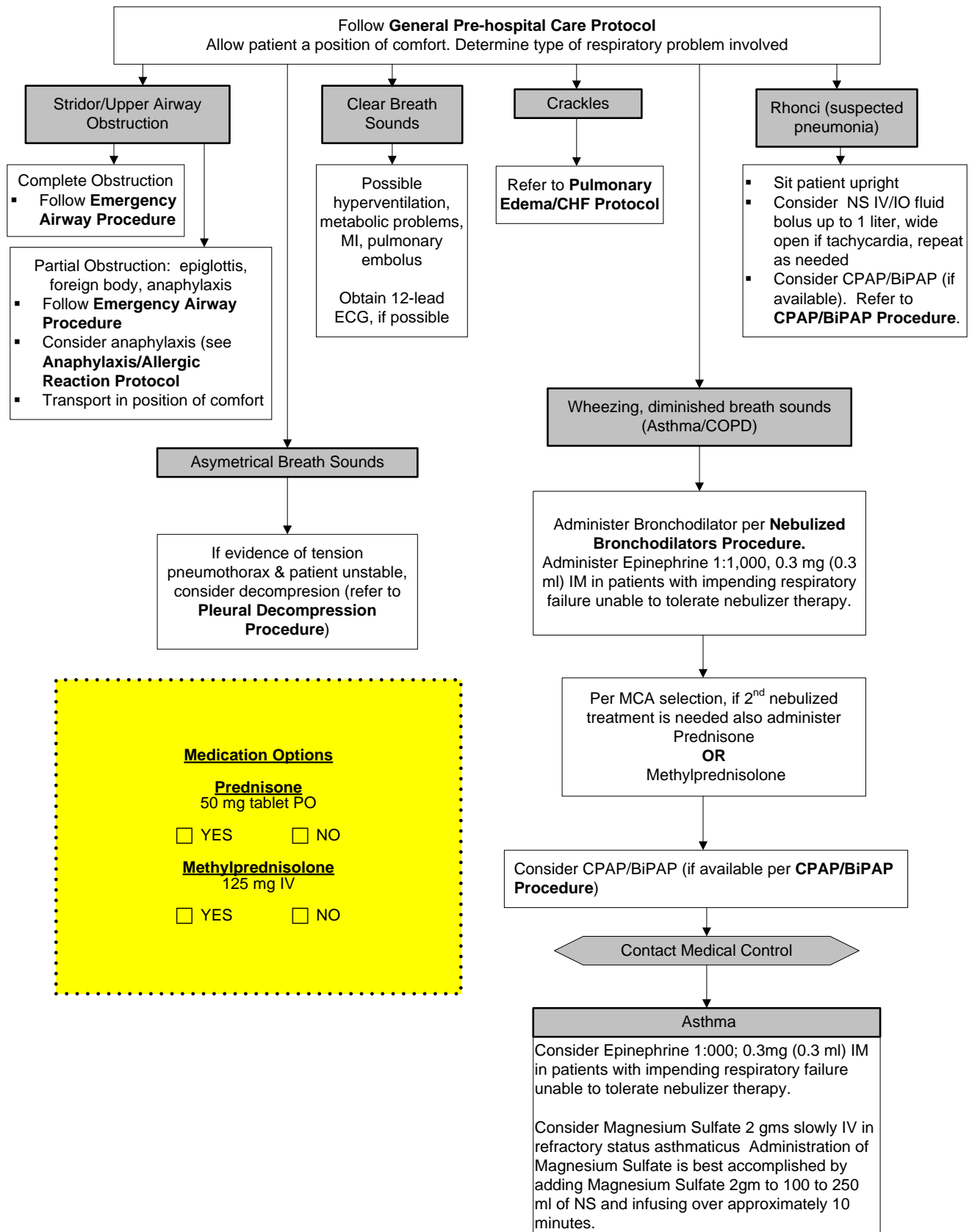
1. Consider Epinephrine 1:1000, 0.3 mg (0.3 ml) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy.
2. Consider Magnesium Sulfate 2gms slowly IV in refractory Status Asthmaticus. Administration of Magnesium Sulfate is best accomplished by adding Magnesium Sulfate 2gm to 100 to 250 ml of NS and infusing over approximately 10 minutes.

MCA Name:  
MCA Board Approval Date:  
MDCH Approval Date:  
MCA Implementation Date:

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