Treatment Protocol		4408
	Effective April 1, 2018	**Expires** March 31, 2019
Policy: **Respiratory Distress**	Approval: Medical Director **Reza Vaezazizi, MD**	Signed
Applies To: **PSP, EMT, AEMT, PM, MICN, BHP, EMS System**	Approval: REMSA Director **Bruce Barton**	Signed

Enter from the Universal Patient Treatment Protocol
For specific Emergency Stabilization or Patient Management of **Respiratory Distress**

PSP | EMT | AEMT | PM

Pertinent Findings

Environment	History	Physical	Differential
Environmental triggers *Noxious fumes* *Smoking* *Pillow props* *Exertion* *Home O_2* *Metered dose inhaler (MDI)* *Prescribed Nitroglycerin* *Vasodilators, Diuretics, ACE Inhibitors, Digitalis*	*Upper respiratory infection* *Cough, fever, sore throat* *Asthma, COPD* *Hypertension, CAD, CHF* *Fluid retention/weight gain* *Orthopnea / PND* *OPQRST / SAMPLE history* *Use of PDE5 inhibitors*	*Anxiety, dyspnea, tachypnea* *Pallor, mottling, cyanosis* *Barrel chest, pursed lip breathing* *Prolonged inspiration/expiration* *Accessory muscle use, tripoding* *Wheezing, stridor, rhonchi, rales* *Diminished breath sounds* *Chest pain or discomfort* *Cough and/or hemoptysis* *Increased clear/pink sputum* *Peripheral and sacral edema* *Altered mental status*	*Croup* *Epiglottitis* *Pneumonia* *Asthma* *COPD, emphysema, bronchitis* *Pulmonary edema* *New onset CHF* *CHF and/or acute MI* *Pulmonary embolism* *FBAO* *Allergy/anaphylaxis* *Hyperventilation syndrome*

Emergency Stabilization or Patient Management

	PSP	EMT	AEMT	PM
If epiglottitis is suspected, do not visualize throat Position the patient upright and leaning forward to allow drainage of secretions Minimize stimulation, movement and manipulation of the mouth, throat and neck	PSP	EMT	AEMT	PM
Assist patient with the administration of physician prescribed medication Retrieve patient's prescribed MDI, Nitroglycerin or other appropriate medication Monitor and record patient's self administration as prescribed		EMT	AEMT	PM
Albuterol 0.083% HHN or in-line with a ventilatory device; or MDI when equipped For bronchospasm See the REMSA Calculation Chart for concentration, and patient specific dosage and volume May repeat as clinically indicated			AEMT	PM
Ipratropium Bromide 0.02% HHN or in-line with a ventilatory device For bronchospasm See the REMSA Calculation Chart for concentration, and patient specific dosage and volume Mix with Albuterol as ordered above and administer both medications simultaneously Repetition requires a base hospital order (BHO)				PM

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Emergency Stabilization or Patient Management *(continued)*				
Prepare for, assist with, and/or apply CPAP as directed when paramedic is present *Request additional resources as required to ensure that CPAP is continued throughout the prehospital interval*		EMT	AEMT	PM
5 - 15 cmH_2O Continuous Positive Airway Pressure (CPAP) For dyspnea with suspected CHF, exacerbation of COPD, or asthma Begin at 5 cmH_2O and increase pressure in 2.5 – 5 cmH_2O increments Titrate to relief of dyspnea, normalizing inspiratory-to-expiratory time ratio (normal I:E = 1:2), and increasing SpO_2 while continuously assessing patient's tolerance of CPAP While systolic BP remains greater than 90 mmHg Contact base hospital if systolic BP falls below 90 mmHg Pediatric application is contraindicated Midazolam slow IV/IO push or IM/IN (may substitute Lorazepam slow IV/IO push or IM/IN, or Diazepam slow IV/IO push or IM) For relief of anxiety Related to CPAP Mask while systolic BP remains greater than 90 mmHg In this instance, see the REMSA Calculation Chart and give the "Related to CPAP Mask" dosage and volume Repetition requires a base hospital order (BHO) Pediatric administration is not indicated Administration of more than one benzodiazepine requires a base hospital physician order (BHPO)				PM
Nitroglycerin SL spray or tablet For dyspnea with suspected CHF while systolic BP remains greater than 90 mmHg See the REMSA Calculation Chart for concentration, and patient specific dosage and volume May repeat twice at 3 to 5 minute intervals Further repetition requires a base hospital order (BHO) Administration following the patient's use of a PDE5 inhibitor requires a base hospital physician order (BHPO) Pediatric administration is not indicated			AEMT	PM
Nitroglycerin Paste 2% transdermal For dyspnea with suspected CHF while systolic BP remains greater than 90 mmHg Remove and wipe away excess if systolic BP falls below 90 mmHg See the REMSA Calculation Chart for concentration, and patient specific dosage and volume Repetition requires a base hospital order (BHO) Administration following the patient's use of a PDE5 inhibitor requires a base hospital physician order (BHPO) Pediatric administration is not indicated				PM

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Return to Universal Patient Treatment Protocol
For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management

PSP | EMT | AEMT | PM

***** ***** Base Hospital Orders ***** *****	PSP	EMT	AEMT	PM
Initiate, repeat, or modify standing orders within scope of practice As ordered For respiratory distress		EMT	AEMT	PM
Epinephrine 1:1,000 IM As ordered For respiratory distress			AEMT	PM
20 cmH_2O Continuous Positive Airway Pressure (CPAP) As ordered For respiratory distress				PM
Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination As ordered Mode of transport is an operational decision		EMT	AEMT	PM