**Respiratory Distress**

**History**
- Asthma; COPD – chronic bronchitis, emphysema, congestive heart failure
- Home treatment (oxygen, nebulizer)
- Medications (theophylline, steroids, inhalers)
- Toxic exposure, smoke inhalation
- SAMPLE

**Signs and Symptoms**
- Shortness of breath
- Pursed lip breathing
- Decreased ability to speak
- Increased respiratory rate and effort
- Wheezing, rhonchi
- Use of accessory muscles
- Fever, cough
- Tachycardia
- Cyanosis

**Differential**
- Asthma
- Anaphylaxis
- Aspiration
- COPD (Emphysema, Bronchitis)
- Pleural effusion
- Pneumonia
- Pulmonary embolus
- Pneumothorax
- Cardiac (MI or CHF)
- Pericardial tamponade
- Hyperventilation
- Inhaled toxin (Carbon monoxide, etc.)

**Universal Patient Care Protocol**

**Routine Standard of Care**

**Airway Protocol**

**Respiratory/Ventilatory Insufficiency?**

**Measure SPO2 & EtCO2**

**Yes**

**Pulmonary Edema Protocol**

**No**

**Rales or signs of CHF?**

**Position patient for comfort**

**No**

**IV Protocol**

**Cardiac Monitor / 12 Lead ECG**

**Wheezing**

**Stridor**

**Albuterol Nebulized (2.5mg)**

**Atrovent Nebulized (500mcg)**

**Methylprednisolone IV/IO (125mg)**

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**Consider Magnesium Sulfate IV/IO (2g x 10min)**

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**If no improvement**

**Normal Saline Nebulized**

**Consider Racemic Epinephrine Nebulized (0.5-0.75mg/3ml)**

**Methylprednisolone IV/IO (125mg)**

**If no improvement**

**Consider Epinephrine SQ/IV (0.3-0.5mg)**

**Pears**
- **Recommended Exam:** Mental Status, HEENT, Skin, Neck, Heart, Lungs, Abdomen, Extremities, Neuro
- **Pulse oximetry** should be monitored continuously if initial saturation is < or = 96%, or there is a decline in patients status despite normal pulse oximetry readings.
- **Use Caution** administering epinephrine in patients who are >50 years of age, have a history of cardiac disease, or if the patient's heart rate is >150. Epinephrine may precipitate cardiac ischemia. A 12-lead ECG should be performed on these patients.
- A silent chest in respiratory distress is a pre-respiratory arrest sign.
- **ETCO2** should be used when Respiratory Distress is significant and does not respond to initial Beta-Agonist dose.