Respiratory Distress

SURVIVAL FLIGHT

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

Respiratory/Ventilatory Insufficiency?
Measure SPO2 & EtCO2

Yes → **Airway Protocol**

No

Rales or signs of CHF?

Yes → **Pulmonary Edema Protocol**

No

Position patient for comfort

IV Protocol

Cardiac Monitor / 12 Lead ECG

Wheezing

- **Albuterol Nebulized (2.5mg)**
- **Atrovent Nebulized (500mcg)**
- **Methylprednisolone IV/IO (125mg)**
- Consider **Magnesium Sulfate IV/IO (2g x 10min)**

If no improvement → Consider **Epinephrine SQ/IV (0.3-0.5mg)**

Stridor

- **Normal Saline** Nebulized
- Consider **Racemic Epinephrine Nebiluzed (0.5-0.75mg/3ml)**
- **Methylprednisolone IV/IO (125mg)**

If no improvement → Consider **Epinephrine SQ/IV (0.3-0.5mg)**

Medical Protocols

Pearls
- **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.