





Respiratory Distress/Asthma/COPD/ Croup/Reactive Airway

Medical

CRITERIA

Any patient who exhibits the signs or symptoms of respiratory distress such as: abnormal respiratory rate, abnormal respiratory effort, abnormal breath sounds, cyanosis, or use of accessory muscles.

PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact protocol</i> .	EMR
EMR	Allow the patient to assume a position of comfort.	EMR
	If suspected Foreign Body Airway Obstruction, <i>see Airway – Obstruction/Foreign Body protocol</i> .	
EMT	Obtain and record EtCO ₂ and pulse oximetry.	EMT
<u>Asthma/COPD</u>		
[EMT]	Administer <i>Albuterol Sulfate (Proventil) (3 mL 0.083% Solution)/Atrovent (Ipratropium Bromide) (2.5 mL 0.02% Solution)</i> nebulized. Mix <i>unit dose</i> of each medication in a nebulizer.	[EMT]
[EMT]	If signs and symptoms continue or worsen: administer <i>Albuterol Sulfate (Proventil) (3 mL 0.083% Solution)</i> , <i>unit dose</i> .	[EMT]
I	Administer <i>Solu-Medrol (Methylprednisolone Succinate) 125 mg slow IV</i> .	I
[EMT]	Consider CPAP; use caution.	[EMT]
<u>Status Asthmaticus</u>		
[EMT]	Administer <i>Albuterol Sulfate (Proventil) (3 mL 0.083% Solution)/Atrovent (Ipratropium Bromide) (2.5 mL 0.02% solution)</i> nebulized. Mix unit dose of each medication in a nebulizer.	[EMT]
[EMT]	If signs and symptoms continue or worsen: administer <i>Albuterol Sulfate (Proventil) (3 mL 0.083% solution)</i> , <i>unit dose</i> .	[EMT]
I	Administer <i>Solu-Medrol (Methylprednisolone Succinate) 125 mg slow IV</i> .	I
[EMT]	Consider CPAP.	[EMT]
I	Administer <i>Epinephrine 1:1,000 0.3 mg IM (0.3 mL)</i> .	I
[I]	Consider <i>Epinephrine 1:10,000 0.1 mg IV/IO (1mL)</i> only if the above dose of <i>Epinephrine</i> is not administered.	[I]
[I]	Administer <i>Magnesium Sulfate 2 g IV/IO</i> . If premixed, give <i>2 g IV/IO</i> over 20 minutes. If not premixed, mix <i>2 g in 100 mL 0.9% Normal Saline IV</i> over 20 minutes.	[I]
<u>Stridor</u>		
EMT	Administer <i>3 cc Inhalation Saline</i> (not to be confused with <i>Normal Saline</i>) or <i>Sterile Water</i> in a nebulizer every 5 minutes.	EMT
I	If no improvement, administer <i>3 cc of Epinephrine 1:1,000</i> in nebulizer ⚠️ Use caution with Epinephrine if: over the age of 40, blood pressure greater than 150 mmHg systolic, history of cardiac disease, tachydysrhythmia.	I
I	Administer <i>Solu-Medrol (Methylprednisolone Succinate) 125 mg slow IV</i> .	I



Respiratory Distress/Asthma/COPD/ Croup/Reactive Airway

Medical

<u>Pulmonary Edema</u>		
EMT	Consider CPAP.	EMT
I	Administer <i>Nitrostat (Nitroglycerin) 0.4 mg SL</i> every 5 minutes if BP greater than 100 mmHg systolic; may repeat up to maximum dose of three.	I
[1]	Administer <i>Lasix (Furosemide) 40 mg IV/IO</i> .	[1]
EMT	Obtain 12-Lead ECG, Right-sided ECG, or 15-Lead ECG.	EMT
[1]	Consider <i>Morphine Sulfate 2 mg IV/IO</i> if BP greater than 100 mmHg systolic.	[1]
<u>Hyperventilation Syndrome</u>		
EMT	Coach patient to control breathing and utilize techniques to calm the patient.	EMT

PEARLS

- Consider past and present medical history and physical exam.
- Symptoms of Status asthmaticus include:
 - Respiratory rate greater than 30 per minute.
 - Retraction of the neck muscles on inhalation.
 - Restlessness, fainting, agitation.
 - Silent chest.
- Treat all patients with respiratory distress as priority patients.
- Consider cardiac wheezing
- If there is no *Epinephrine 1:10,000 preloaded syringe*, combine in a *10 mL syringe: 1 mg (1 mL) of Epinephrine 1:1,000 with 9 mL 0.9% Normal Saline*; this creates the same as an *Epinephrine 1:10,000 preloaded syringe*.
- Use caution when using CPAP for asthma patients.