



# Yolo County Emergency Medical Services Agency

## Protocols

Revised Date: December 14, 2018

<b>ACUTE RESPIRATORY DISTRESS</b>	
<b>Adult</b>	<b>Pediatric</b>
<b>BLS</b>	
Assess vital signs Position of comfort Determine degree of physiologic distress Evaluate respiratory rate O <sub>2</sub> , titrate SpO <sub>2</sub> to ≥ 94% Assess lung sounds Consider CPAP for moderate to severe distress	
<b>ALS</b>	
Cardiac Monitor, Waveform EtCO <sub>2</sub> , Vascular Access	
<b>Wheezing/Bronchospasm</b>	<b>Wheezing/Bronchospasm</b>
<b>Albuterol 5 mg</b> Nebulized <ul style="list-style-type: none"> <li>• May repeat x 1</li> </ul> <p style="text-align: center;"><u>And</u></p> <b>Ipratropium 500 mcg</b> Nebulized <ul style="list-style-type: none"> <li>• No repeat</li> </ul> <p style="text-align: center;"><u>If no improvement</u></p> <b>Epinephrine (1:1,000) 0.3 mg</b> IM <ul style="list-style-type: none"> <li>• No repeat</li> </ul>	<b>Albuterol 5 mg</b> Nebulized <ul style="list-style-type: none"> <li>• May repeat x 1</li> </ul> <p style="text-align: center;"><u>And</u></p> <b>Ipratropium 500 mcg</b> Nebulized <ul style="list-style-type: none"> <li>• No repeat</li> </ul> <p style="text-align: center;"><u>If no improvement</u></p> <b>Epinephrine (1:1,000) 0.01 mg/kg</b> IM <ul style="list-style-type: none"> <li>• Total max dose 0.3 mg</li> <li>• No repeat</li> </ul>
<b>Pulmonary Edema (CHF)</b>	<b>Stridor</b>
<p style="text-align: center;"><u>SBP &gt; 100</u></p> <b>Nitroglycerine 0.4 mg</b> SL spray or tablet <ul style="list-style-type: none"> <li>• May repeat every 5 minutes</li> </ul> <p style="text-align: center;"><u>Or</u></p> <b>Nitroglycerin Paste 2%</b> 1 inch to chest wall <ul style="list-style-type: none"> <li>• No repeat; remove if SBP falls to &lt;100</li> </ul>	<b>NS 2.5 - 5 mL</b> Nebulized <p style="text-align: center;"><u>If no improvement</u></p> <b>Epinephrine (1:1,000) 0.5 mL/kg</b> Nebulized <ul style="list-style-type: none"> <li>• Add <b>NS 2 - 3.5 mL</b> for volume</li> <li>• Max 5 mL</li> </ul>
<b>Consider</b>	
<ul style="list-style-type: none"> <li>• Wheezing may not be present in patients in severe distress with diminished or absent lung sounds.</li> <li>• Whenever possible, start early aggressive treatment on scene.</li> <li>• Reactive airway disease (asthma, COPD... etc.) can be acute or chronic with sudden or gradual onset.</li> </ul>	
<b>Direction</b>	
<ul style="list-style-type: none"> <li>• Contact Receiving ED Physician for additional treatment</li> </ul>	