



## RESPIRATORY DISTRESS

**Effective:** January 1, 2025  
**Replaces:** April 27, 2017

### 1. Patient Care Goals

- 1.1. Maintain a patent airway
- 1.2. Provide effective oxygenation and adequate ventilation using the least invasive possible method to achieve those goals paired with pulse oximetry and end-tidal capnography (EtCO<sub>2</sub>) data
- 1.3. Recognize impending respiratory failure
- 1.4. Promptly identify and intervene for patients who require escalation of therapy
- 1.5. Deliver appropriate therapy by differentiating likely cause of respiratory distress
- 1.6. Alleviate respiratory distress

### 2. BLS Treatment

- 2.1. Routine Medical Care – Adult (700-S04)
  - 2.1.1. **Oxygen** – titrate as appropriate
- 2.2. Place patient in a position that decreases work of breathing
- 2.3. If the airway cannot be secured or ventilated, transport to the closest hospital (Policy 602)

### 3. ALS Treatment

- 3.1. **Vascular Access (IV)**, TKO
- 3.2. Complete assessment of patient's lung sounds and treat accordingly
- 3.3. Prepare for intubation if patient condition worsens

### 4. Asthma (Wheezes)

- 4.1. **Albuterol 5mg** in 6ml normal saline via handheld nebulizer device, may repeat if respiratory distress continues
- 4.2. Consider the use of CPAP in conjunction with Albuterol if respiratory distress continues
- 4.3. If after all interventions the patient condition worsens and becomes critical, administer **Epinephrine (1:1,000) 0.3mg IM**, may repeat once if no change

### 5. Pneumonia (Rhonchi, Febrile)

- 5.1. Obtain and record temperature
  - 5.1.1. Consider Sepsis screening and treatment (700-A04)
- 5.2. Consider **Albuterol 5mg** in 6ml normal saline via handheld nebulizer device if wheezes are present
- 5.3. Consider the use of CPAP if respiratory distress continues

### 6. Pulmonary Edema (Rales)

- 6.1. Apply approved CPAP device (700-M12)
- 6.2. Complete 12 Lead EKG, if STEMI is present, go to (700-A08)
- 6.3. If patient's systolic blood pressure is less than 90mmHg, go to (700-A10)
- 6.4. **Nitroglycerin 0.8mg SL**, every 5 minutes, max of 3 (0.8mg) doses
  - 6.4.1. Discontinue if systolic blood pressure is less than 100 mmHg



- 6.5. Apply **Nitro-paste one (1) inch**, topically to the chest, may be given in conjunction with sublingual nitroglycerin, discontinue if systolic blood pressure is less than 100mmHg

## 7. Chronic Obstructed Pulmonary Disease (COPD)

- 7.1. Do not withhold high flow oxygen to patients with COPD exacerbations, titrate the amount down as the respiratory distress decreases
- 7.2. **Albuterol 5mg** in 6ml normal saline via handheld nebulizer device, may repeat if respiratory distress continues

## 8. Pertinent Assessment Findings

- 8.1. Ongoing assessment is critical when an airway device is in place.
- 8.2. Acute worsening of respiratory status or evidence of hypoxemia can be secondary to displacement or obstruction of the airway device, pneumothorax, or equipment failure
- 8.3. Severe respiratory distress may manifest with hypoxia, altered mentation, diaphoresis, or inability to speak more than 2–3 words
- 8.4. In the setting of severe bronchoconstriction, wheezing may not be heard. Patients with known asthma with severe dyspnea should be empirically treated, even if wheezing is absent
- 8.5. Etiology of respiratory distress:
  - 8.5.1. Bronchospastic etiology (e.g., asthma, COPD) is suggested by:
    - 8.5.1.1. Wheezing on auscultation
    - 8.5.1.2. “Shark fin” waveform capnograph or prolonged expiratory phase
    - 8.5.1.3. History of asthma/COPD
  - 8.5.2. Fluid overload etiology (e.g., CHF, pulmonary edema) is suggested by:
    - 8.5.2.1. Jugular venous distention
    - 8.5.2.2. Rales on auscultation
    - 8.5.2.3. Peripheral edema
    - 8.5.2.4. History of CHF, diuretic therapy, dialysis noncompliance, hypertension

## 9. Key Documentation Elements

- 9.1. Initial vital signs and physical exam
- 9.2. Interventions attempted including the method of airway intervention, the size of equipment used, and the number of attempts to achieve a successful result
- 9.3. Subsequent vital signs and physical exam to assess for change after the interventions
- 9.4. Post-intubation with advanced airway, EtCO<sub>2</sub> value and capnograph should be documented immediately after airway placement, with each patient movement (e.g., into and out of ambulance), and at the time of patient transfer in the ED
- 9.5. Document key aspects of the exam at baseline and after each intervention:
  - 9.5.1. Respiratory rate
  - 9.5.2. Oxygen saturation
  - 9.5.3. EtCO<sub>2</sub>/waveform shape
  - 9.5.4. Use of accessory muscles
  - 9.5.5. Breath sounds and quality



- 9.5.6. Mental status
- 9.5.7. Response to interventions