**Respiratory Distress**

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

**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

**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.)

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**Universal Patient Care Protocol**

**Respiratory/Ventilatory Insufficiency?**
- If Available Measure EtCO2
- **No**
  - **Yes**
    - **Rules or signs of CHF?**
      - No
      - Position Patient for Comfort
    - **Yes**
      - **Wheezing**
        - Beta-Agonist
          - Albuterol or other Beta-Agonist
        - Repeat Beta-Agonist
          - Albuterol or Other Beta-Agonist
            - with Ipratropium if Available
        - If Available
          - Methylprednisolone or Prednisone
      - **Stridor**
        - Normal Saline Nebulized
        - If No Improvement
          - Epinephrine Nebulized
        - If Available
          - Methylprednisolone or Prednisone
        - If No Improvement after 3 doses
          - Contact Medical Control
        - Consider Epinephrine Auto-Injector, IM, or IV

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**Pearls**
- **Recommended Exam:** Mental Status, HEENT, Skin, Neck, Heart, Lungs, Abdomen, Extremities, Neuro
- **Items in Red Text** are key performance measures used to evaluate protocol compliance and care
- EMT administration of Beta-Agonists (e.g., Albuterol) is restricted to patients who are under doctor's orders with a prescription for the drug.
- **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.
- **Contact Medical Control** prior to 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.