



RESPIRATORY DISTRESS

BLS

ALS

<ul style="list-style-type: none"> • Ensure patent airway • Reassurance • Dislodge any airway obstruction. Treat per Airway Obstruction Protocol (S-121). • O₂ saturation • O₂ and/or ventilate PRN • Transport in position of comfort • Carboxyhemoglobin monitor PRN, if available • May assist patient to self-medicate own prescribed MDI once only. BH contact required for additional dose(s). <p>Toxic inhalation (e.g., CO exposure, smoke, gas)</p> <ul style="list-style-type: none"> • Move patient to safe environment • 100% O₂ via mask • Consider transport to facility with hyperbaric chamber for suspected CO poisoning for unconscious or pregnant patients <p>Croup-like cough</p> <ul style="list-style-type: none"> • Aerosolized saline or water 5 mL via O₂-powered nebulizer/mask, MR PRN 	<ul style="list-style-type: none"> • Monitor/EKG • Capnography SO PRN • IV/IO SO • Intubate SO PRN • NG/OG PRN SO <p>Suspected CHF/cardiac origin</p> <ul style="list-style-type: none"> • NTG SL <ul style="list-style-type: none"> • If systolic BP \geq100 but $<$150: NTG 0.4 mg SL SO, MR q3-5 min SO • If systolic BP \geq150: NTG 0.8 mg SL SO, MR q3-5 min SO • CPAP 5-10 cmH₂O SO <p>Suspected non-cardiac origin</p> <ul style="list-style-type: none"> • Albuterol 6 mL 0.083% via nebulizer* SO, MR SO • Ipratropium bromide 2.5 mL 0.02% via nebulizer[†] added to first dose of albuterol SO • CPAP 5-10 cmH₂O SO <p>Severe respiratory distress/failure or inadequate response to albuterol/ipratropium bromide consider</p> <p>History of asthma or suspected allergic reaction</p> <ul style="list-style-type: none"> • Epinephrine 0.3 mg 1:1,000 IM SO, MR x2 q5 min SO <p>No definitive history of asthma</p> <ul style="list-style-type: none"> • Epinephrine 0.3 mg 1:1,000 IM BHPO, MR x2 q5 min BHPO
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Notes

- For respiratory arrest, administer 5 quick breaths
- NTG is contraindicated in patients who have taken erectile dysfunction medications such as sildenafil (Viagra[®]), tadalafil (Cialis[®]), and vardenafil (Levitra[®]) within 48 hours
- NTG is contraindicated in patients who are taking similar medications for pulmonary hypertension, such as sildenafil (Revatio[®]) and epoprostenol sodium (Flolan[®] and Veletri[®])
- Use caution with CPAP in patients with COPD. Start low and titrate pressure.
- Epinephrine IM: Use caution if known cardiac history, history of hypertension, SBP $>$ 150 mmHg, or age $>$ 40
- Fireline paramedics without access to O₂ may use albuterol MDI

***Infection control:** If concerned about aerosolized infectious exposure, substitute with albuterol MDI, if available

[†]**Infection control:** If concerned about aerosolized infectious exposure, use patient's ipratropium bromide MDI, if available, or withhold ipratropium bromide