



RESPIRATORY DISTRESS

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BLS

ALS

- 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)

Toxic inhalation (e.g., CO exposure, smoke, gas)

- 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

Croup-like cough

- Aerosolized saline or water 5 mL via O₂-powered nebulizer/mask, MR PRN

- Monitor/ECG
- Capnography
- IV/IO ^(A)
- Intubate PRN
- NG/OG PRN

Suspected CHF/cardiac origin

- NTG¹ SL
 - If systolic BP ≥ 100 but < 150 : NTG 0.4 mg SL, MR q3-5 min ^(A)
 - If systolic BP ≥ 150 : NTG 0.8 mg SL, MR q3-5 min ^(A)
- CPAP 5-10 cmH₂O

Suspected non-cardiac origin²

- Albuterol/Levalbuterol 6 mL via nebulizer, MR ^(A)
- Ipratropium bromide 2.5 mL 0.02% via nebulizer added to first dose of albuterol/levalbuterol
- CPAP 5-10 cmH₂O

Unable to tolerate CPAP

- Midazolam 0.5-1 mg IM/IN/IV

Severe respiratory distress/failure or inadequate response to nebulized treatments consider

History of asthma or suspected allergic reaction

- Epinephrine 1:1,000 (1 mg/mL) 0.5 mg IM, MR x2 q5 min ^(A)

Intubated patients with agitation and potential for airway compromise

- Midazolam 2-5 mg IM/IN/IV/IO, MR x1 in 5-10 min

Notes:

- For respiratory arrest, immediately start BVM ventilation
- 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 MDI

¹ NTG is contraindicated in patients who have taken erectile dysfunction medications such as sildenafil (Viagra®), tadalafil (Cialis®), and vardenafil (Levitra®) within 48 hours; and pulmonary hypertension medications such as sildenafil (Revatio®), and epoprostenol sodium (Flolan®) and (Veletri®)

² Infection control: If concerned about aerosolized infectious exposure, substitute with MDI, if available