	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8026.23
	<u>PROGRAM DOCUMENT:</u> Respiratory Distress	Initial Date:	03/17/1998
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Signature on File

Signature on File

EMS Medical Director

EMS Administrator

Purpose:

- A. To establish the treatment standard for patients assessed to have shortness of breath and/or respiratory distress.
- B. This protocol does not require the diagnosis of a specific disease or etiology precipitating respiratory distress. Treatment is assessment based.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Definitions:

- ~~A. Mild Distress – The patient is able to speak full sentences; the patient may have an elevated pulse and blood pressure; the patient may be diaphoretic and weak; mental status is unaffected; no cyanosis is present.~~
- ~~B. Moderate Distress – The patient is able to speak a few words; the patient may have an elevated pulse and blood pressure; the patient may be diaphoretic and weak; mental status is unaffected; mild cyanosis of lips and digits may be present.~~
- ~~C. Severe Distress – The patient is unable to speak; the patient may have decreased/elevated pulse and/or decreased/elevated blood pressure; mental status is altered; more central and profound cyanosis is present.~~

Caveats:

- ~~A. Patients may have several disease processes together, producing shortness of breath. Wheezing may occur in diseases other than asthma, and peripheral edema may occur in settings other than congestive heart failure (CHF). Assessment should usually yield a single treatment plan. Commit yourself to a single assessment – you may modify this assessment based on response to therapy and as additional information becomes available, modify the treatment plan.~~
- ~~B. Patients may have diseases producing shortness of breath that cannot be relieved with any prehospital treatments. Some patients will present to the prehospital personnel so far in respiratory failure that maintenance/establishment of an airway together with expeditious transport are the only treatments possible.~~
- A. Pulmonary edema in the setting of CHF will usually have corroborating signs such as:
 - 1. History of CHF and medications such as diuretics and/or angiotensin-converting enzyme (ACE) inhibitors.
 - 2. Peripheral edema.
 - 3. Jugular venous distension (JVD).
 - 4. Frothy pulmonary secretions.

~~B. Hemoptysis (common causes):~~

- ~~1. Malignancy~~
- ~~2. Bronchiectasis~~
- ~~3. Infection:~~
 - ~~a. Lung abscess~~
 - ~~b. Necrotizing pneumonia~~
 - ~~c. Fungal infection~~
 - ~~d. Tuberculosis~~
 - ~~e. Septic pulmonary embolism~~
 - ~~f. Vasculitis~~
 - ~~g. Iatrogenic causes:~~
 - ~~• Tracheoinnominate fistula~~
 - ~~• Post-biopsy~~
 - ~~• Bronchoscopic procedure~~

~~D. Continuous Positive Airway Pressure (CPAP) and Bi-PAP, are highly effective at improving respiratory distress and should be attempted if available in all patients with moderate and severe respiratory distress. In general, one provider should monitor and manipulate CPAP leaving the primary provider to focus on the overall condition of the patient.~~

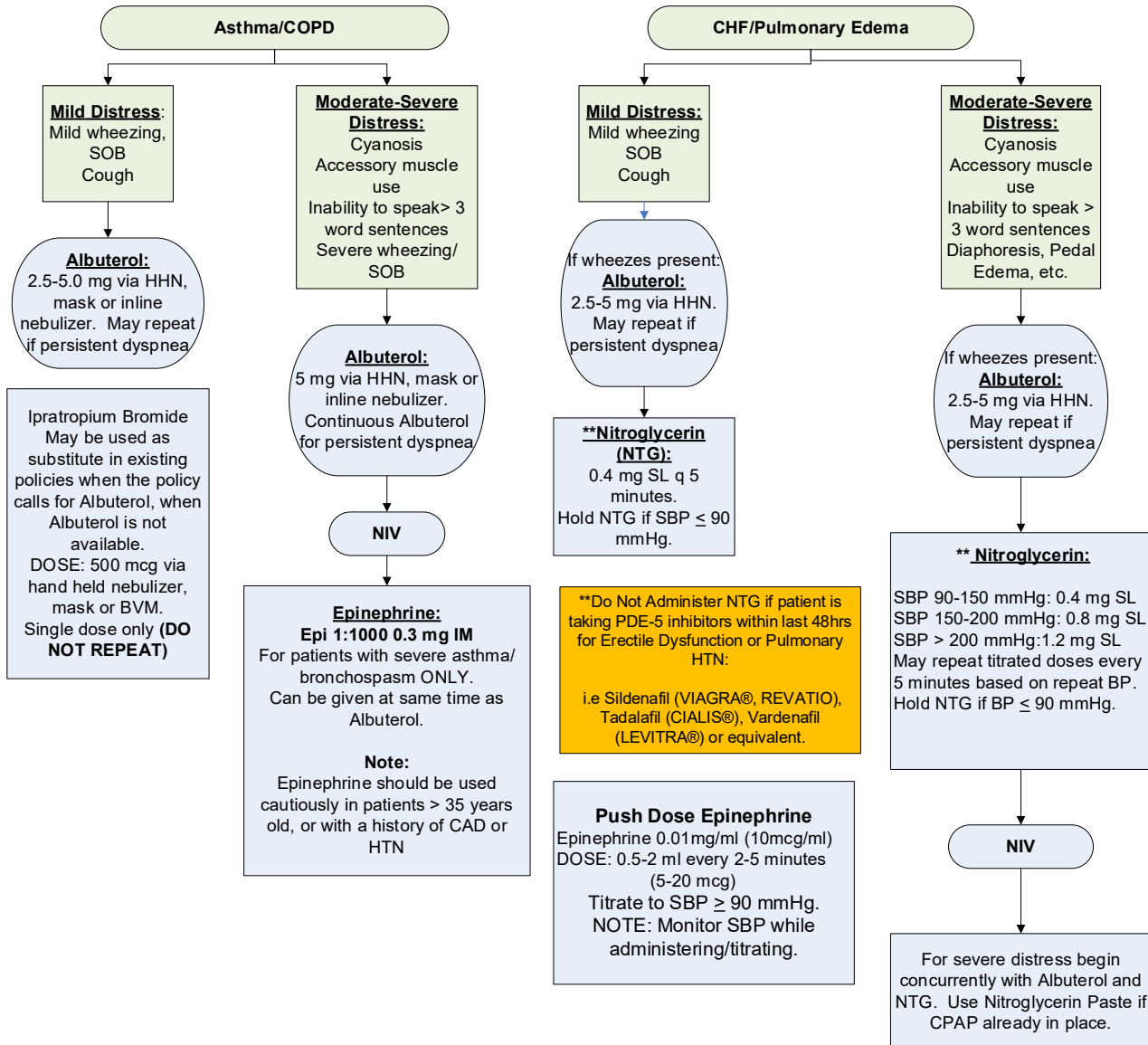
Policy:

BLS
<ol style="list-style-type: none">1. Assess C-A-B.2. Secure the airway.3. Position of comfort, reduce anxiety.4. SpO₂ with supplemental O₂ as needed.5. Suction as needed.6. CPAP for severe dyspnea.7. Airway adjuncts as needed.
ALS
<ol style="list-style-type: none">1. Cardiac monitoring and ETCO₂ measurement as available.2. Vascular access, but do not delay airway management.3. Consider intubation for significant hypoxia, dyspnea, or impending airway loss.

NOTE: Ipratropium Bromide may be used as a substitution for Albuterol, when Albuterol is not available.

Acute Respiratory Distress

- Assess ABC's limit physical exertion, reduce anxiety
- Consider oxygen therapy per Respiratory Distress: Airway management PD # 8020
- Cardiac Monitor and SpO₂, and ETCO₂ (continuous waveform) with advanced airways.
- Consider vascular access but do not delay airway management or treatment.
- Early contact with receiving hospital.



Acute Respiratory Distress Cont.

