



Acute Respiratory Distress

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Continuous Positive Airway Pressure (CPAP) Utilization

• Indications:

- CHF with pulmonary edema
- Moderate to severe respiratory distress
- Near drowning

• Contraindications:

- <8 years of age
- Respiratory or cardiac arrest
- Severe decreased LOC
- Agonal respirations
- Inability to maintain airway
- Suspected pneumothorax
- SBP <90
- Major trauma, especially head injury or significant chest trauma

• Complications:

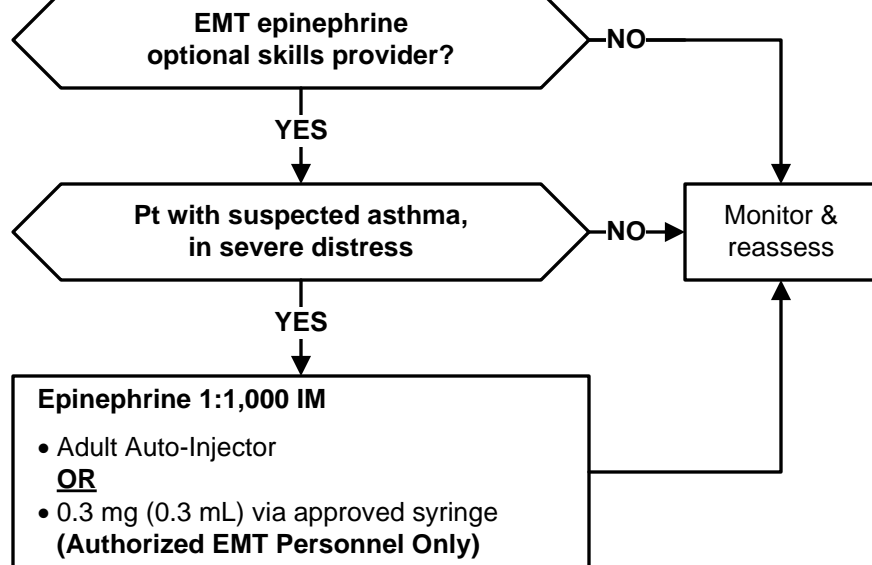
- Hypotension
- Pneumothorax
- Corneal drying

Epinephrine Administration

- Epinephrine is only indicated for pts with suspected asthma who are in severe distress.
- **Use epinephrine cautiously in pts >35yo, or with a history of coronary artery disease or hypertension.**
- Administer Auto-Injector/IM epinephrine into the lateral thigh, midway between waist & knee.

BLS

- Assess & support ABCs
- High flow O₂
- Assess V/S, including SpO₂
- Consider CPAP for moderate to severe distress
- Assess history & physical, determine degree of illness (fever, sputum production, medications, asthma, COPD, CHF, exposures, hypertension, tachycardia, JVD, edema)



SEE PAGE 2 FOR LALS TREATMENT



Acute Respiratory Distress

Asthma/COPD

LALS

Mild Distress

- Mild wheezing
- Mild shortness of breath
- Cough

- Cardiac monitor (**AEMT II**)
- Consider IV NS (may bolus up to 1000 mL)

- Albuterol 5 mg**
- Nebulizer
- May repeat 2.5-5 mg for continued respiratory distress

Moderate to Severe Distress

- Cyanosis
- Accessory muscle use
- Inability to speak >3 words
- Severe wheezing/shortness of breath
- Decreased or absent air movement

- Cardiac monitor (**AEMT II**)
- IV NS (may bolus up to 1000 mL)

- Albuterol 5 mg**
- Nebulizer/CPAP/BVM
- May repeat 2.5-5 mg for continued respiratory distress

History of asthma with severe distress only

- Epinephrine 1:1,000**
- 0.01 mg/kg IM (max: 0.5 mg)

CHF/Pulmonary Edema

LALS

Mild Signs & Symptoms

- Cardiac monitor (**AEMT II**)
- IV NS TKO

- *Nitroglycerin**
- 0.4 mg SL
- May repeat every 5 mins

***Nitroglycerin Notes/Precautions**

- Do not administer if SBP <100
- Do not delay due to difficult vascular access
- Consult with base/modified base hospital prior to administration to pts taking erectile dysfunction or pulmonary HTN medication

Moderate to Severe Signs & Symptoms

- Cardiac monitor (**AEMT II**)
- Assess BP x 2 to confirm accuracy
- IV NS TKO

- *Nitroglycerin: titrate dose based on SBP**
- SBP 100-150: 0.4 mg SL
- SBP 150-200: 0.8 mg SL
- SBP >200: 1.2 mg SL
- May repeat titrated doses every 5 mins based on repeat SBP