

RESPIRATORY-RELATED SIGNS & SYMPTOMS

SIGNS & SYMPTOMS:

1. Dyspnea, tachypnea, or hyperventilation
2. Cough (productive or nonproductive)
3. Wheezing, stridor, or crowing
4. Rales, rhonchi, ↓ or ≠ lung sounds
5. Difficulty speaking & accessory muscle use
6. Orthopnea or tripod positioning
7. Cyanosis, ↓ O₂ sats, agitation or anxiety

OBTAIN HISTORY OF:

1. PMH/Meds/Allergies
2. Cardiorespiratory disease
3. Onset, severity, & duration
4. Relieving factors (rest, inhaler, nebs)
5. Recent illness or trauma
6. Substance abuse (esp. tobacco)
7. Environmental or allergen exposure

PRECAUTIONS:

1. This guideline refers to spontaneously breathing and asthma patients.

MEDICAL FIRST RESPONDER:

1. Assess and support ABCs.
2. Begin high flow supplemental oxygen via mask (or low concentration via cannula if indicated).
3. Assess vital signs (BP, pulse, respirations) and lung sounds frequently, especially after each medication or if unstable.
4. Place patient in position of comfort and reassure.
5. If patient goes unresponsive, consider oral airways and then Combitube.

BASIC LIFE SUPPORT:

1. Initiate ECG monitoring.
2. Assist with patient-prescribed medications as directed by private or medical control physician.
3. Consider Continuous Positive Airway Pressure (CPAP) device per guideline.
4. Consider adding inline nebulizer to CPAP or bag valve mask.
5. For wheezing, or suspected asthma and COPD:
 - a) Administer Albuterol & Atrovent neb. If further nebs are indicated, an additional albuterol-only neb may be given.
6. For pulmonary edema, consider albuterol & atrovent neb if lung sounds are hard to assess or if rales are questionably wheezes. Contact medical control prior to administering patients prescribed NTG for pulmonary edema.
7. Assist respirations in any patient with decreased LOC and respiratory rates of < 10 or > 30/min.

INTERMEDIATE TECH:

1. Establish IV of NS TKO.

INTERMEDIATE 99:

1. Be prepared to intubate and/or ventilate.
2. For wheezing, suspected asthma and COPD:
 - a. For severe distress unrelieved by nebs, administer 0.3 - 0.4ml epinephrine 1:1000 SQ in adult patients. If no change, may repeat dose once. For pediatric patients, administer initial dose of 0.15ml epi 1:1000 SQ. If no change, may repeat dose once. Further orders must come from medical control.
3. For pulmonary edema, if systolic blood pressure is greater than 90 mmHg:
 - a. Administer 0.4 mg of NTG SL every 3 - 5 minutes titrated to patient response.
 - b. Administer morphine 1 - 4 mg IV slowly titrated to patient response.
 - c. Administer 40 mg of Lasix IV.
4. For tension pneumothorax, perform needle chest decompression.

5. Further orders must come from monitoring physician.

PARAMEDIC/RN:

1. If patient remains in distress, with no heart history, administer Terbutaline 0.25 mg SQ. **Note:** Do not give Terbutaline if epi has been administered.
2. May consider Magnesium Sulfate 25mg/kg IV/IO after consultation with medical control.
3. Consider dopamine infusion 5 to 15 mcg/min IV if systolic BP is 70-100 mmHg and signs/symptoms of shock exist.
4. Consider nitroglycerine 10 to 20 mcg/min IV if systolic BP is > 90 mmHg and signs/symptoms of shock exist.

PEDIATRIC CONSIDERATIONS:

1. Children may receive one albuterol & atrovent neb at adult strength prior to medical control contact.
2. Follow epinephrine 1:1000 SQ for pediatrics outlined in proper EMT levels above.
3. Contact medical control for further orders.



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