

## 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, ↓ O<sub>2</sub> 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 perfusing patients.

### FIRST RESPONDER / BASIC LIFE SUPPORT:

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 reassurance.
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.
  - b) Contact medical control to consider administering epi 1:1000 SQ for severe asthma attacks unrelieved by nebulizers.
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.

### BASIC-IV LIFE SUPPORT:

1. For moderate to severe asthma attack unrelieved by nebulizers, may administer initial dose of 0.3 - 0.4 ml epi 1:1000 for adult patients. Further orders must come from medical control.  
For pediatric patients, may administer initial dose of 0.15ml of epi 1:1000 SQ. Further orders must come from medical control.
2. Establish IV of NS TKO.

### ADVANCED LIFE SUPPORT: In addition to above and as appropriate:

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. Consider nebs (as above) if lung sounds are hard to assess or if rales are questionably wheezes.
5. For tension pneumothorax, perform needle chest decompression.
6. Further orders must come from monitoring physician.

**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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