



RESPIRATORY DISTRESS

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BLS

ALS

- Ensure patent airway
- Reassurance
- Dislodge any airway obstruction. Treat per Airway Obstruction Protocol (S-160).
- 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 albuterol 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

Suspected bronchiolitis (<2 years old with no prior albuterol use)

- Place in position of comfort
- Suction nose with bulb syringe PRN

- Monitor/EKG
- Capnography PRN
- IV [Ⓐ]
- BVM PRN

Respiratory distress with bronchospasm¹

- Albuterol/Levalbuterol per drug chart via nebulizer, MR [Ⓐ]
- Ipratropium bromide per drug chart via nebulizer added to first dose of albuterol/levalbuterol

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

- Epinephrine 1:1,000 per drug chart IM, MR x2 q5 min [Ⓐ]

Respiratory distress with stridor at rest

- Epinephrine 1:1,000 per drug chart (combined with 3 mL normal saline) via nebulizer, MR x1

No improvement after epinephrine via nebulizer x2 or impending respiratory/airway compromise

- Epinephrine 1:1,000 per drug chart IM, MR x2 q5 min [Ⓐ]

If history suggests epiglottitis, do not visualize airway. Use calming measures

Note: For respiratory arrest, immediately start BVM ventilation

¹ **Infection control:** If concerned about aerosolized infectious exposure, substitute with MDI, if available