

Airway: Adult COPD / Asthma

Respiratory Distress



History

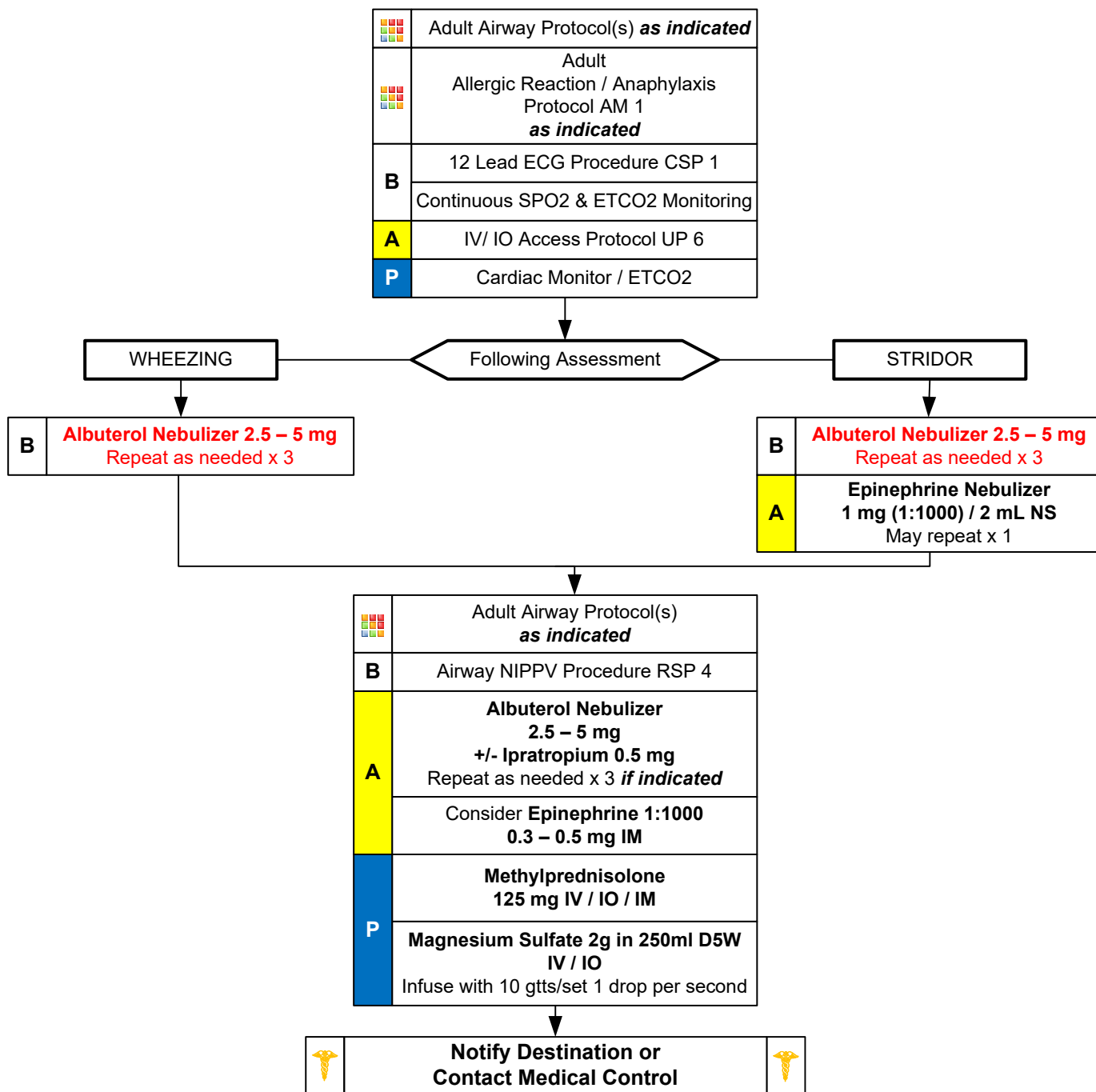
- * Asthma; COPD -- chronic bronchitis, emphysema, congestive heart failure
- * Home treatment (oxygen, nebulizer)
- * Medications (theophylline, steroids, inhalers)
- * Toxic exposure, smoke inhalation

Signs and Symptoms

- * Shortness of breath
- * Pursed lip breathing
- * Decreased ability to speak
- * Increased respiratory rate and effort
- * Wheezing, rhonchi
- * Use of accessory muscles
- * Fever, cough
- * Tachycardia

Differential

- * Asthma
- * Anaphylaxis
- * Aspiration
- * COPD (Emphysema, Bronchitis)
- * Pleural effusion
- * Pneumonia
- * Pulmonary embolus
- * Pneumothorax
- * Cardiac (MI or CHF)
- * Pericardial tamponade
- * Hyperventilation
- * Inhaled toxin (Carbon monoxide, etc.)



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Pearls

- * **Continuous pulse oximetry and End-tidal CO₂ monitoring is required.**
- * **Recommended Exam: Mental Status, HEENT, Skin, Neck, Heart, Lungs, Abdomen, Extremities, Neuro**
- * **This protocol includes all patients with respiratory distress, COPD, Asthma, Reactive Airway Disease, or Bronchospasm.**
- * **Patients may also have wheezing and respiratory distress with viral upper respiratory tract infections and pneumonia.**
- * **Combination nebulizers containing albuterol and ipratropium:**
 - Patients may receive more than 3 nebulizer treatments, treatments should continue until improvement.
 - Following 3 combination nebulizers (DuoNeb), it is preferable to continue albuterol solely with subsequent treatments as there is no proven benefit to continual use of ipratropium.
- * **Epinephrine:**
 - If allergic reaction or anaphylaxis is suspected, give immediately and repeat until improvement.
 - If allergic reaction is not suspected, administer with failure to improve and/ or impending respiratory failure.
- * **Consider Magnesium Sulfate with no improvement and/ or impending respiratory failure. Likely more effective with asthmatic exacerbation and less so with COPD exacerbation.**
- * **Non-Invasive Positive Pressure Ventilation (NIPPV: CPAP or Bi-Level/ BiPap):**
 - May be used with COPD, Asthma, Allergic reactions, CHF.
 - Consider early in treatment course.
 - Consider removal if SBP remains < 100 mmHg and not responding to other treatments.
- * For patients with levalbuterol (Xopenex) prescription or patients who are significantly tachycardic, EMS provider may use levalbuterol nebulizer in place of albuterol nebulizer throughout protocol at 1.25 mg/dose when available.
- * A silent chest in respiratory distress is a pre-respiratory arrest sign.
- * **EMR/ EMT:**
 - The use of Epinephrine IM is limited to the treatment of anaphylaxis
 - Administration of diphenhydramine is limited to the oral route only.
- * A silent chest in respiratory distress is a pre-respiratory arrest sign.
- * **EMT may administer Albuterol from EMS supply.**