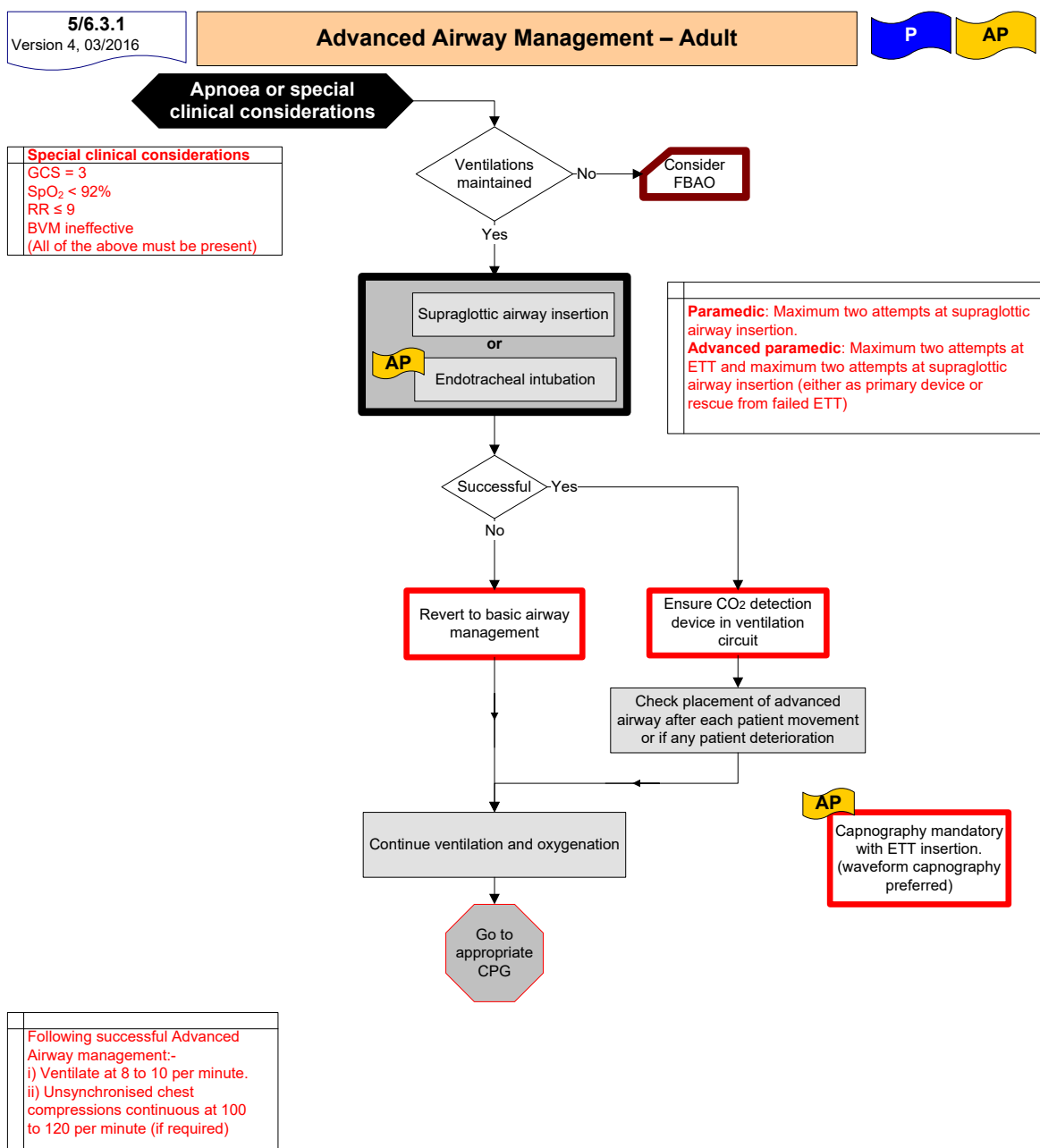
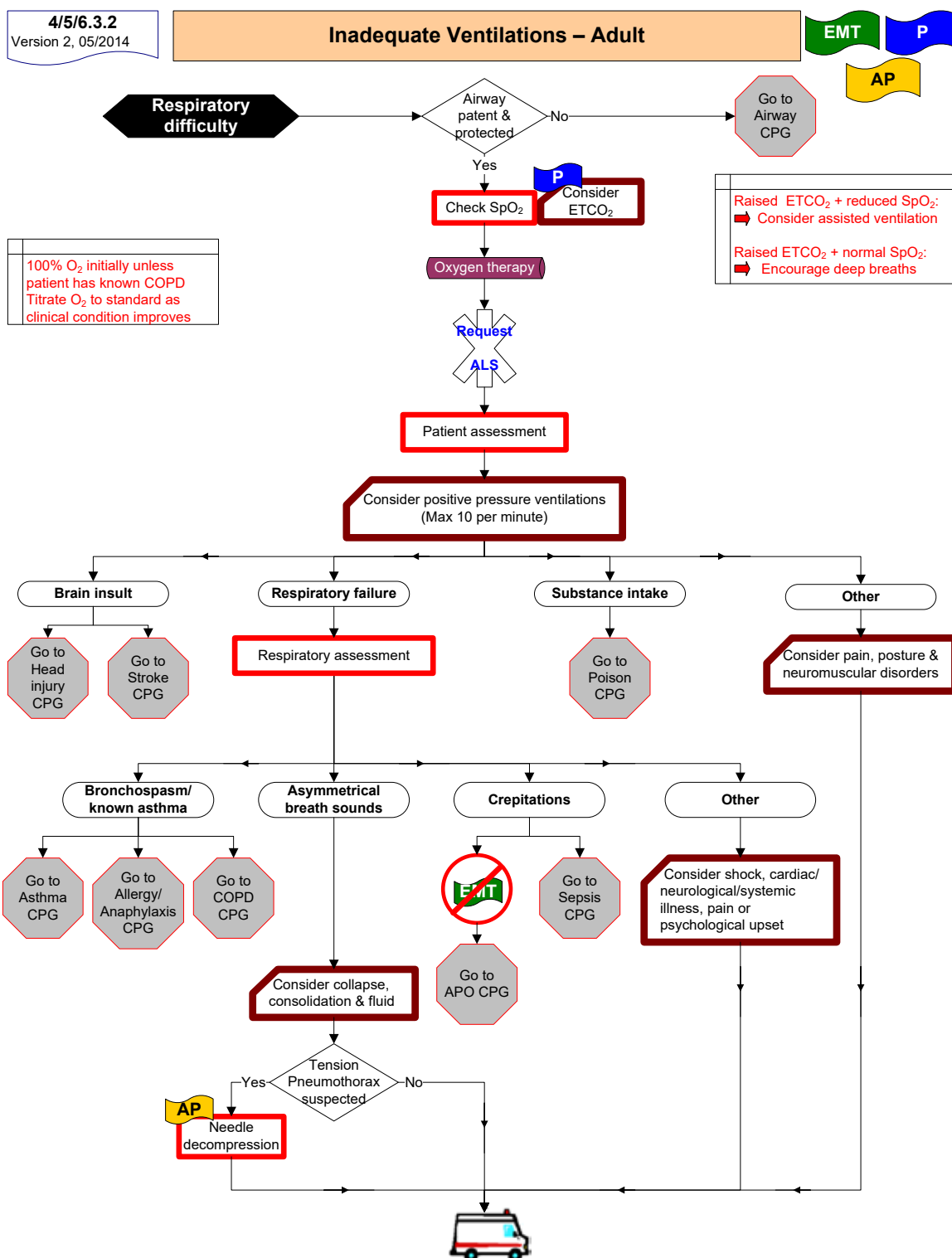


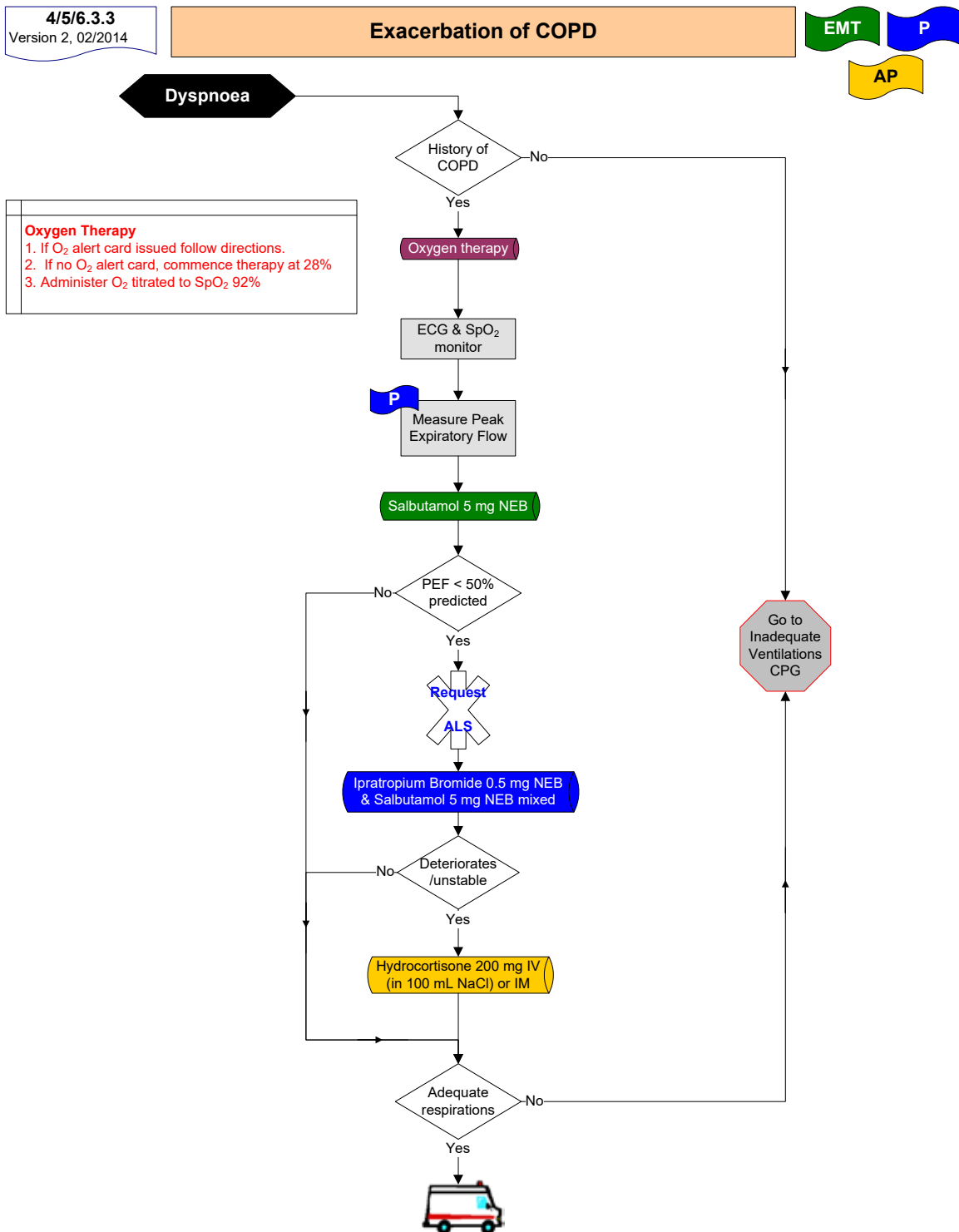
SECTION 3 – Respiratory Emergencies



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An exacerbation of COPD is defined as;

An event in the natural course of the disease characterised by a change in the patient's baseline dyspnoea, cough and/or sputum beyond day-to-day variability sufficient to warrant a change in management. (European Respiratory Society)

SECTION 3 - Respiratory Emergencies



Reference: Management of an Acute Asthma Attack in Adults, Clinical Guideline No. 14, National Clinical Effectiveness Committee, 2015, Emergency Asthma Guidelines, British Thoracic Society, 2008, British Guidelines on the Management of Asthma, a national clinical guideline, ILCOR Guidelines 2015, Asthma Society of Ireland

SECTION 3 - Respiratory Emergencies

5/6.3.5
Version 1, 12/2013

Acute Pulmonary Oedema – Adult

P

AP

**Respiratory distress
with Congestion /
crepitations**

Oxygen therapy

SpO₂, ECG & BP
monitoring

12 Lead ECG

STEMI

Go to
ACS CPG

Pulmonary
oedema

No

Go to
Inadequate
Respirations
CPG

Yes

GTN 0.8 mg SL
Repeat x 1 prn

Reassess

Meets criteria
for CPAP

No

Yes

Apply Continuous Positive Airway
Pressure (CPAP) device

Oxygen
Adequate flow to drive CPAP

Systemic fluid
retention

Yes

Furosemide 40 mg IV

No

Bradycardia

Yes

Atropine 0.6 mg IV
Repeat to Max 3 mg prn

No



Criteria for CPAP
Clinical signs of APO
RR > 25 per min
SpO₂ < 90%

Exclusion Criteria
COPD / Asthma
Inability to sit up
Pneumothorax
Need for immediate intubation
SBP < 100 mmHg / cardiovascular collapse
Life-threatening arrhythmia
Reduced GCS (AVPU < V)
Unable to tolerate CPAP
Vomiting

CPAP
Commence with 5 cm H₂O
Titrate up to 10 cm H₂O as tolerated
Monitor clinical response
Titrate O₂ to maintain SpO₂ > 95%

Reference: Williams, B et al 2013, When Pressure is Positive: A Literature Review of the Prehospital Use of Continuous Positive Airway Pressure. Prehosp Disaster med, 1-10.