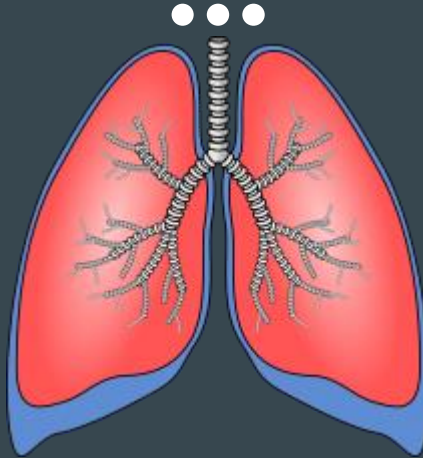


# Respiratory Protocols

Bo Walters & Olivia Mounne



# Allergic reactions/Anaphylaxis



# Initial Assessment

-ALWAYS call ALS for a moderate or severe allergic reaction

Primary assessment:

X= N/A

C: feel for rate and force, especially in peripheral pulses. Weak/absent of peripheral pulses is a sign of a serious allergic reaction

A: securing the airway is a main priority

B: listen to lung sounds for wheezing

If life threatening findings: treat immediately (epi)

# Secondary Assessment

Vitals/history:

Signs/symptoms:

- urticaria or pale
- wheezing
- low blood pressure
- fast pulse

-take sample history and pay close attention to allergies, events, and environment



# Treatment-severe reaction

- BP: systolic below 90 mmHg
- call ACFR immediately
- epi immediately after assessment
- assessment of vitals and lung sounds before and after epi
- keep pt comfortable until ACFR arrives
- keep them away from the allergen



# Treatment-moderate/mild reaction

- Still need to call ACFR always!
- keep pt comfortable until ACFR arrives
- keep them away from the allergen

# Asthma/COPD/Bronchospasm

# Overview

- Described as a patient with signs and symptoms of acute respiratory distress from bronchospasm or obstructive airway disease
- Determine severity of dyspnea, moderate vs. severe shortness of breath:
  - Moderate: inability to speak full sentences, increased work of breathing (nasal flaring, retractions, abdominal breathing)
  - Severe: confusion, cyanosis, severe agitation, inadequate respiratory effort
- S/Sx
  - Wheezing
  - Silent Chest



# Protocols

- **Request ALS**
  - Initiate basic medical care
- **Establish patent airway** using BLS skills, use jaw thrust and bag-valve-mask ventilation as needed
  - Use oral or nasopharyngeal airway adjuncts as needed
  - Use suction as needed to clear airway
- **Head elevation/semi-fowler position**
- **Apply cervical collar and maintain spinal immobilization if any concern exists regarding spinal trauma**
  - Elevation of the LSB if immobilized
- **Assess lung sounds** before and after intervention
- **Assess for edema**
- Record and monitor **vital signs**
- Obtain a **SAMPLE** history, if possible
- Define pain response using **OPQRST**, if possible, **Do not delay requests for transport to obtain the above information**

# Treatment

- Bradycardia is due to hypoxia until proven otherwise
- S/Sx: Accessory muscle use, nasal flaring, combativeness, or lethargy can be additional presentations for **children** in respiratory distress (be aware of different RR in peds pts)
- Consider the need for assisted ventilations, or BLS airway adjunct
  - Moderate
    - Responders may assist in the administration of a patient's prescribed MDI
  - Severe
    - If bronchospasm worsens despite treatment, respiratory failure may be imminent. These patients may be candidates for assisted ventilations or airway adjuncts

# Carbon Monoxide/Cyanide Poisoning

# Overview

- Inhaled combustion byproducts can cause symptoms as mild as a headache and nausea or as severe as complete cardiovascular and central nervous system collapse. Suspect carbon monoxide (CO) and cyanide (CN) toxicity in patients with smoke exposure in enclosed spaces
- S/Sx:
  - Headache
  - Weakness
  - Dizziness
  - Nausea
  - Flu-like symptoms
  - Cherry red symptoms-late sign

# Protocols

- **Contact Poison Control: 1-800-222-1222**
- **Request ALS Agency**
- **Approach the scene carefully**, assess if scene is safe to enter (carbon monoxide is odorless)
  - Initiate basic medical care and perform patient assessment
- **Contact UFPD/CCC**
- **Establish patent airway** using BLS skills, use jaw thrust and bag-valve-mask ventilation as needed
  - Use oral or nasopharyngeal airway adjuncts as needed
  - Use suction as needed to clear airway
- **Always assess lung sounds** before and after intervention
- **Assess for edema**
- **Obtain 100% O2 saturation** via BVM regardless of oxygen saturation
- **Assess for spinal trauma** - Apply cervical collar and maintain spinal immobilization if needed
- **Monitor vital signs**
- **SAMPLE history**
- **OPQRST**, if possible, **Do not delay requests for transport to obtain the above information**

# Treatment

- Obtain 100% O2 sat via BVM regardless of oxygen saturation
- **Carbon monoxide and Cyanide poisoning** may be present even if patient sat'ing 100%
- Minimize patient motion
- Ensure that the responding ALS agency is aware of your concerns, **if unconscious**, refer to **Altered Mental Status protocol**
  - Carbon monoxide poisoning:
    - Suspect CO poisoning if multiple people w/ symptoms (headache, nausea, flushing, and dyspnea), in the presence of combustion in an enclosed area
  - **Half-life of CO is drastically shortened by administration of high-concentration oxygen**
  - Cyanide poisoning:
    - Suspect CN poisoning if cardiovascular instability (hypotension) or severe altered mental status after exposure to smoke in an enclosed space
- **Contact Poison Control** for further instruction while the Responding ALS Agency is en route

# Respiratory Distress/Failure



# Overview

**What it is:** SOB or dyspnea, usually with one of the following: Hypoxia, Tachycardia, Increased work of breathing, Lethargy/anxiety/combativeness and Cyanosis

## TYPES:

-Bronchoconstriction: asthma, COPD, allergic rxn, respiratory illness (pneumonia, acute bronchitis)

-tx: nebulizer or epi, ventilations

-Non-bronchoconstriction: pulmonary edema, FBAO, bronchiolitis

-tx: ventilations

TAKE AWAY: treat the cause of the distress



# What to do:

- scene assessment/primary assessment of pt
- request ALS IMMEDIATELY
- provide BLS care in the form of ventilations if in respiratory arrest
- use adjuncts as need
- use suction as needed
- assess lung sounds, assess edema
- take and record vital signs
- allow pt to sit in position of comfort
- attempt to take SAMPLE history/ OPQRST if relevant
- treat the cause or underlying condition if applicable

# Assisted ventilations

- should be considered any time the RR is not between 12 and 28
- GEMRU does not give oxygen
- assess if ventilations are adequate using visual skills and O2 sat
- if patient is not able to breathe on their own-use BVM or mouth to barrier rescue breathing

**Scenarios!!**