

Shortness of Breath

History

- Asthma; COPD – chronic bronchitis and emphysema
- Home treatment (e.g. oxygen or nebulizer)
- Medications (e.g. Theophylline, steroids, inhalers, digoxin, lasix, Viagra, Sildenafil, levitra, vardenafil, cialis, or tadalafil)
- Toxic exposure or smoke inhalation
- Cardiac History including MI

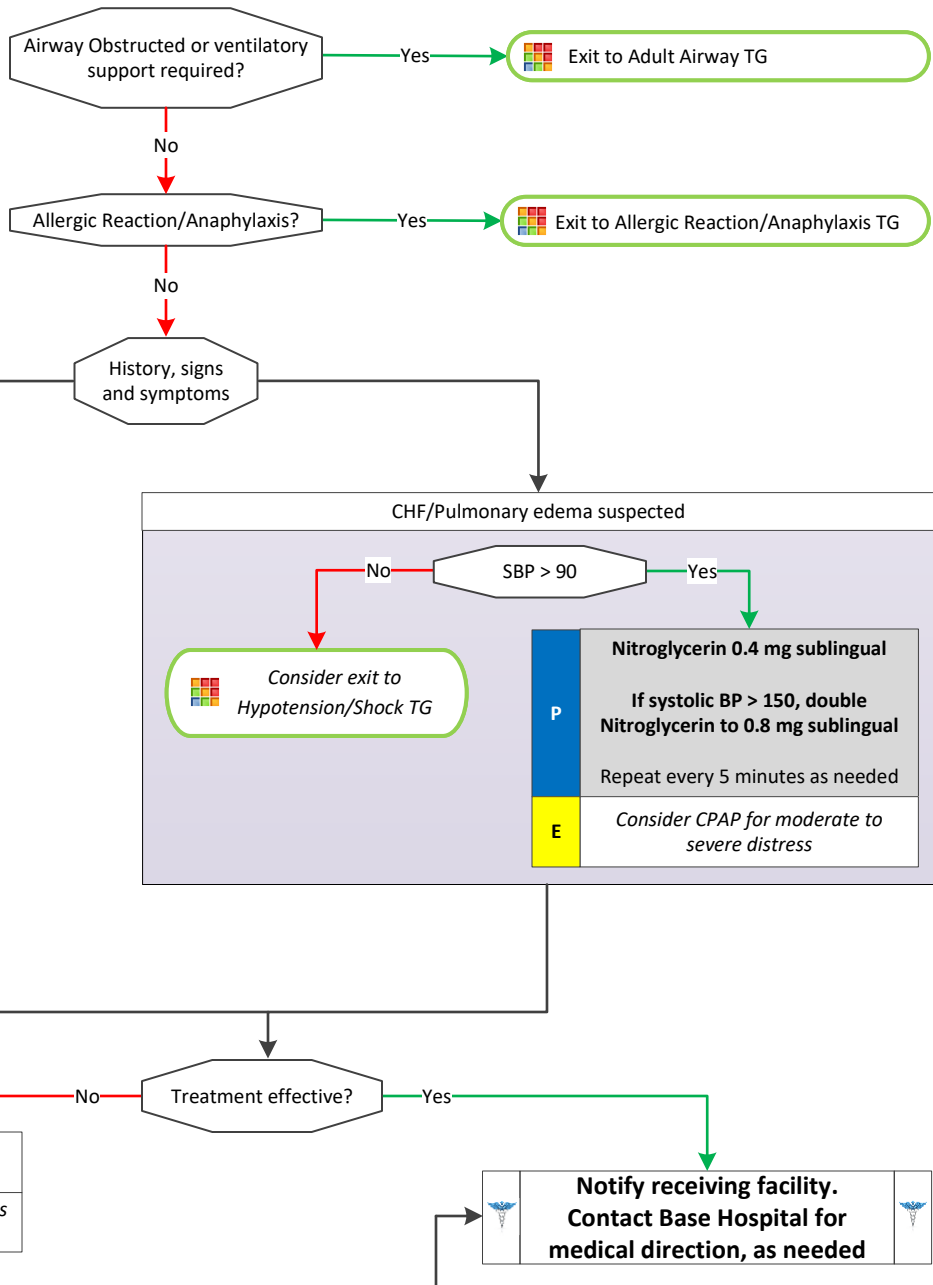
Signs and Symptoms

- Shortness of breath
- Increased respiratory rate and effort
- Diminished or abnormal lung sounds (e.g wheezes, rales, or crackles)
- Tachycardia
- Pursed lip breathing
- Use of accessory muscles
- Jugular vein distension
- Peripheral edema or diaphoresis
- Pink, frothy sputum

Differential

- Asthma
- COPD
- Congestive Heart Failure
- Myocardial Infarction
- Aspiration
- Pneumonia
- Pulmonary embolus
- Hyperventilation
- Inhaled toxin

Routine Care	E	Oxygen Titrates to SpO ₂ ≥ 94%
	P	Cardiac monitor <i>Consider 12-Lead ECG if STEMI suspected</i>
	P	EtCO ₂ monitoring
	P	<i>Consider IV/IO</i>



Shortness of Breath

- Epinephrine may precipitate cardiac ischemia. The following patients should receive half the adult dose of Epinephrine (0.15mg Epinephrine 1mg/ml) for the initial dose and any repeated doses:
 - 1) Patients with a history of coronary artery disease, MI, stents, CHF, cardiac surgery; OR
 - 2) Patients over 50 years of age; OR
 - 3) Patient has a heart rate ≥ 150 .
- Pulse oximetry and continuous EtCO₂ monitoring is required for all respiratory patients.
- Document CPAP application using the CPAP procedure in the EHR. Document the 12-Lead ECG in the EHR as a procedure along with the interpretation.

Pearls

- Patients receiving Epinephrine should receive a 12-Lead ECG at some point in their care in the prehospital setting, but this should NOT delay the administration of Epinephrine.
- A silent chest (the absence of lung sounds) in respiratory distress is a severe sign.
- For patients who do not tolerate CPAP or for whom it is contraindicated, consider BVM ventilation.
- Avoid Nitroglycerin in any patient who has used Viagra (Sildenafil) or Levitra (Vardenafil) in the past 24 hours or Cialis (Tadalafil) in the past 36 hours due to potential for severe hypotension.
- If a patient has taken their own Nitroglycerin without relief, consider potency of medication. Provider maximum doses do not include patient administered doses.
- Diabetic, geriatric, and female patients with ACS or hx of MI often have atypical symptoms (e.g. shortness of breath alone) and cardiac ischemia should be considered.

