

Respiratory Distress (includes Bronchospasm, Pulmonary Edema)

Patient Care Goals

1. Assure adequate oxygenation and ventilation
2. Recognize impending respiratory failure
3. Promptly identify and intervene for patients who require escalation of therapy
4. Deliver appropriate therapy by differentiating likely cause of respiratory distress
5. Alleviate respiratory distress

Patient Presentation

Inclusion Criteria

1. Patients aged 2 and older with respiratory distress due to disease processes including:
 - a. Asthma exacerbation
 - b. Chronic obstructive pulmonary disease (COPD) exacerbation
 - c. Wheezing/bronchospasm from suspected pulmonary infection (e.g., pneumonia, acute bronchitis)
 - d. Pulmonary edema of cardiac (i.e., heart failure) or non-cardiac etiology

Exclusion Criteria

1. Respiratory distress related to acute trauma
2. Respiratory distress due to a presumed underlying cause that includes one of the following:
 - a. Anaphylaxis
 - b. Bronchiolitis (wheezing in patients less than 2 years of age)
 - c. Croup
 - d. Epiglottitis
 - e. Foreign body aspiration
 - f. Submersion/drowning
 - g. Lower airway obstruction from malignancy (very rare)

Patient Management

Assessment

1. History
 - a. Onset of symptoms
 - b. Concurrent symptoms (e.g., fever, cough, rhinorrhea, tongue/lip swelling, rash, labored breathing, foreign body aspiration)
 - c. Usual triggers of symptoms (e.g., cigarette smoke, change in weather, upper respiratory infections, exercise)
 - d. Sick contacts
 - e. Treatments prior to EMS: Oxygen, inhaler, nebulizer, other treatments, chronic or recent steroids
 - f. Hospitalizations: Number of emergency department visits in the past year, number of hospital admissions in the past year, number of ICU admissions (ever), previously intubated (ever)
 - g. Family history of asthma, eczema, or allergies
2. Exam