

	<b>COUNTY OF SACRAMENTO</b> <b>EMERGENCY MEDICAL SERVICES AGENCY</b>	Document #	8026.25
	<b>PROGRAM DOCUMENT:</b>  <b>Respiratory Distress</b>	Initial Date:	03/17/1998
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

**Purpose:**

- A. To establish the treatment standard for patients assessed to have shortness of breath and/or respiratory distress.
- B. This protocol does not require the diagnosis of a specific disease or etiology precipitating respiratory distress. Treatment is assessment based.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Caveats:**

- A. Pulmonary edema in the setting of CHF will usually have corroborating signs such as:
  1. History of CHF and medications such as diuretics and/or angiotensin-converting enzyme (ACE) inhibitors.
  2. Peripheral edema.
  3. Jugular venous distension (JVD).
  4. Frothy pulmonary secretions.

**Policy:**

<b>BLS</b>
<ol style="list-style-type: none"> <li>1. Assess C-A-B.</li> <li>2. Position of comfort, reduce anxiety.</li> <li>3. Supplemental O<sub>2</sub> as necessary to maintain SpO<sub>2</sub> ≥ 94%. Use the lowest concentration and flow rate of O<sub>2</sub> as possible.</li> <li>1. Suction as needed.</li> <li>2. CPAP for severe dyspnea.</li> <li>3. Airway adjuncts as needed.</li> </ol>
<b>ALS</b>
<ol style="list-style-type: none"> <li>1. Cardiac monitoring and ETCO<sub>2</sub> measurement as available.</li> <li>2. Vascular access, but do not delay airway management.</li> <li>3. Consider intubation for significant hypoxia, dyspnea, or impending airway loss.</li> </ol>

**NOTE:** Ipratropium Bromide may be used as a substitute for Albuterol when Albuterol is not available.

## Acute Respiratory Distress

- Assess CAB's limit physical exertion, reduce anxiety
- Consider oxygen therapy per Respiratory Distress: Airway management PD # 8020
- Cardiac Monitor and SpO<sub>2</sub>, and ETCO<sub>2</sub> (continuous waveform) with advanced airways.
- Consider vascular access but do not delay airway management or treatment.
- Early contact with receiving hospital.

