MERCED COUNTY EMS AGENCY

POLICY ADULT R2 RESPIRATORY DISTRESS

Effective Date: July 15,2022
Last Review: New Policy
Next Review: July 2024

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION: ACUTE RESPIRATORY DISTRESS

Acute respiratory distress can have many causes:

- **COPD / ASTHMA / CHRONIC BRONCHITIS** – Typically present with diffuse wheezes, rhonchi, tachypnea, pursed lips, accessory muscle use (tracheal tugging, intercostal retractions, tripod positioning) and cyanosis to lips and nails.
- **CONGESTIVE HEART FAILURE (Pulmonary Edema)** – Typically presents with hypertension, rales, expiratory wheezes, and/or pink frothy sputum.
- **POSSIBLE AIRWAY OBSTRUCTIONS INCLUDING STRIDOR** – Refer to **Policy Adult R1 Airway Obstructions**

Please note that in patients who are experiencing severe bronchospasm, in both Asthma and COPD, the breath sounds may sound clear, yet diminished. This is due to a decreased tidal volume and not moving enough air to create audible wheezing, these patients need respiratory assistance.

Remember to do a complete assessment (ABC's) on all respiratory distress patients.

Continuous Positive Airway Pressure (CPAP) Utilization

- **Indications:**
  - CHF with pulmonary edema
  - Moderate to severe respiratory distress
  - Near drowning
- **Contraindications:**
  - <8 years of age
  - Agonal respirations
  - Systolic BP <90
  - Respiratory or cardiac arrest
  - Inability to maintain airway
  - Major trauma, especially head or significant chest trauma
  - Severe decreased LOC
  - Suspected pneumothorax
  - Continuous vomiting
- **Complications:**
  - Hypotension
  - Pneumothorax
  - Corneal drying

Epinephrine Administration

- **Epinephrine** is only indicated for patients with suspected asthma who are in severe distress.
- Use **Epinephrine** cautiously **in patients >45 years of age**, or with a history of coronary artery disease or hypertension.
- Administer Auto-Injector/IM **Epinephrine** into the lateral thigh, midway between waist & knee.

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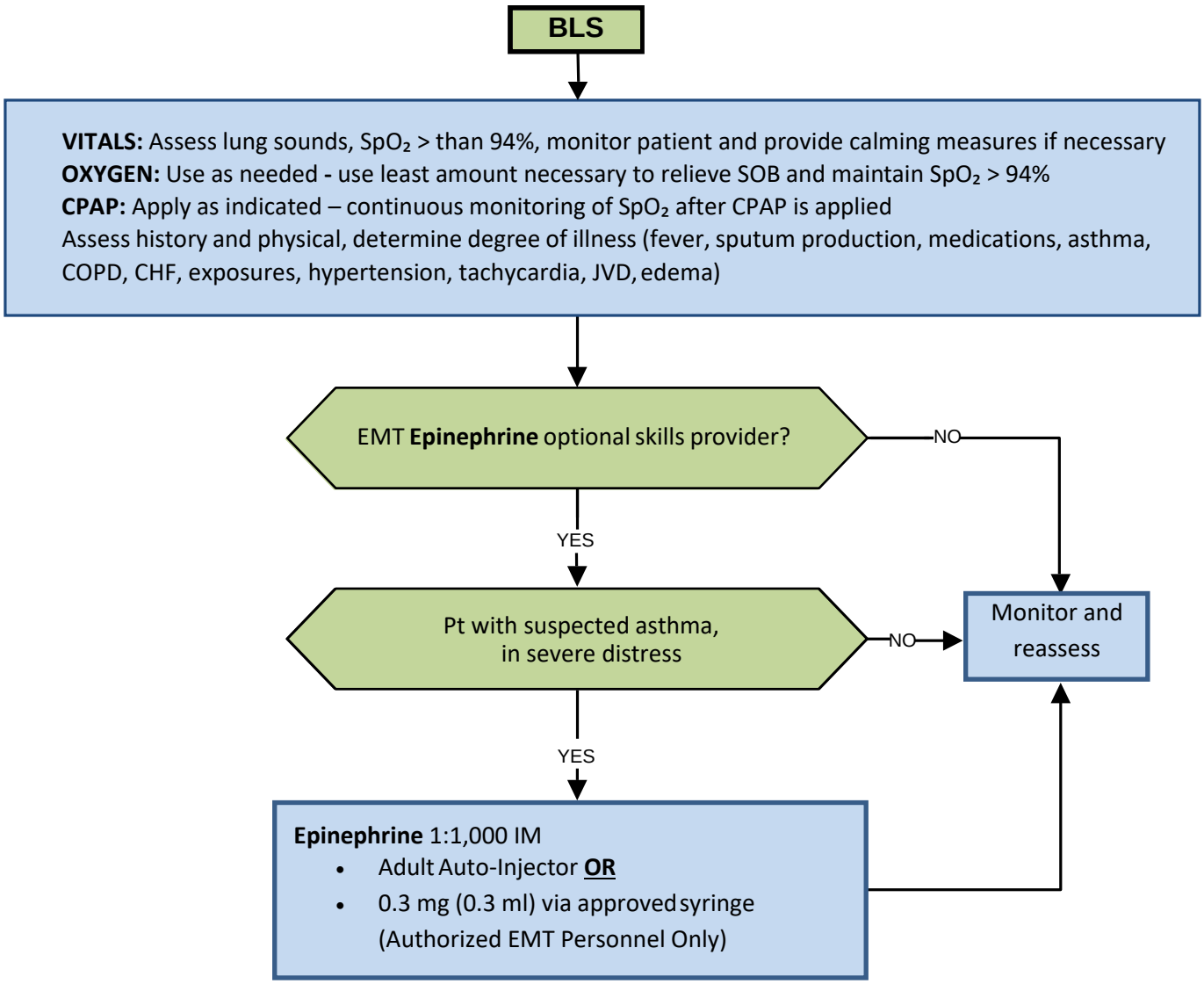
BLS TREATMENT:



NOTE: Epinephrine is only indicated for a patient with suspected or known asthma who are in **severe distress**. Use **Epinephrine** cautiously **in patients greater than 45 years of age**, or with a history of known coronary disease. Administer epinephrine in the lateral thigh of the patient.

NOTE: Assist if patient has a metered-dose inhaler (MDI)

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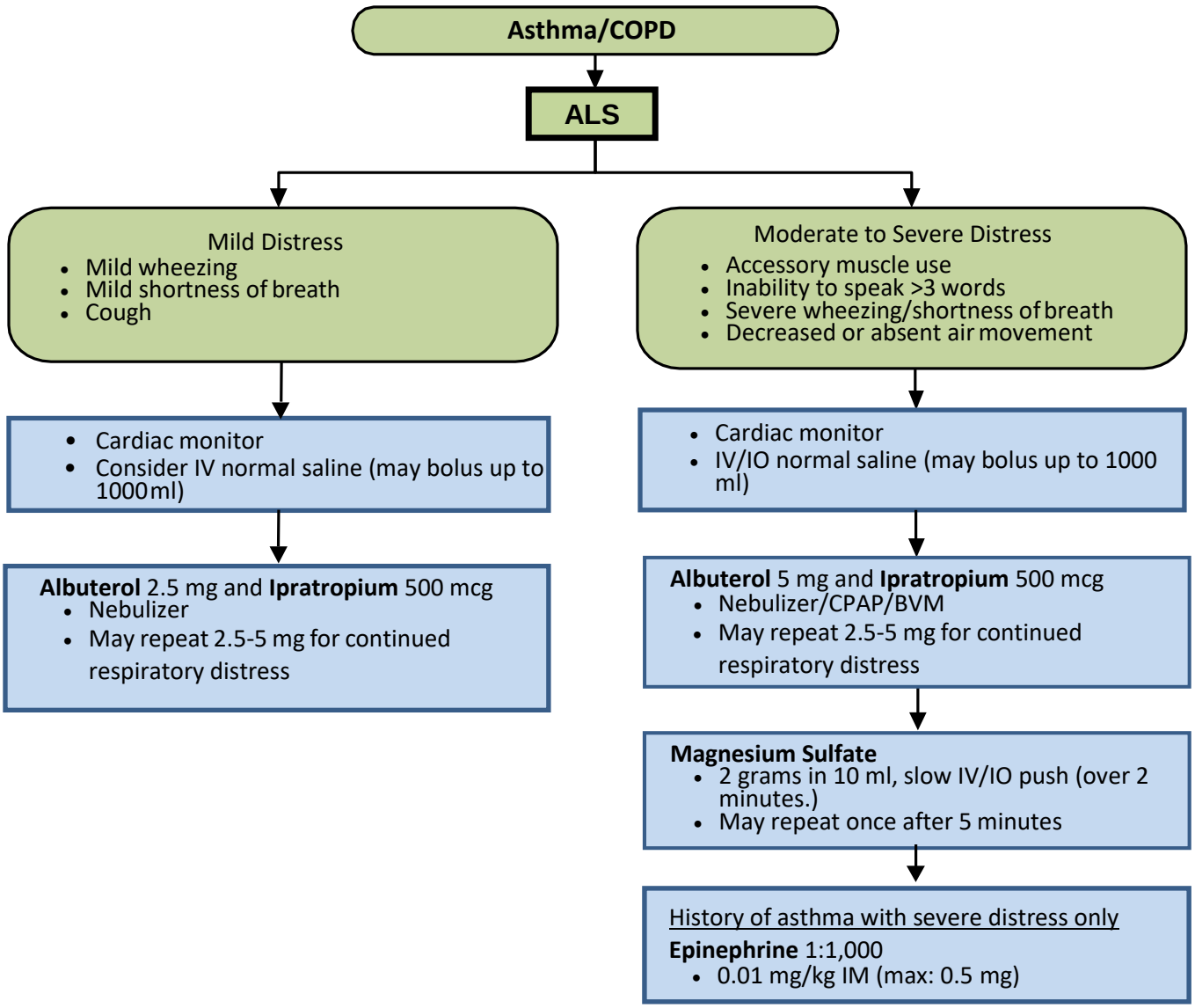
ALS TREATMENT:

MONITOR: Treat rhythm as appropriate
VASCULAR ACCESS: IV/IO access as appropriate for patient condition
$EtCO_2$: Use is encouraged for patients in moderate to severe distress



NOTE: Use **Epinephrine** cautiously **in patients greater than 45 years of age**, or with a history of known coronary disease. May repeat after 20 minutes.

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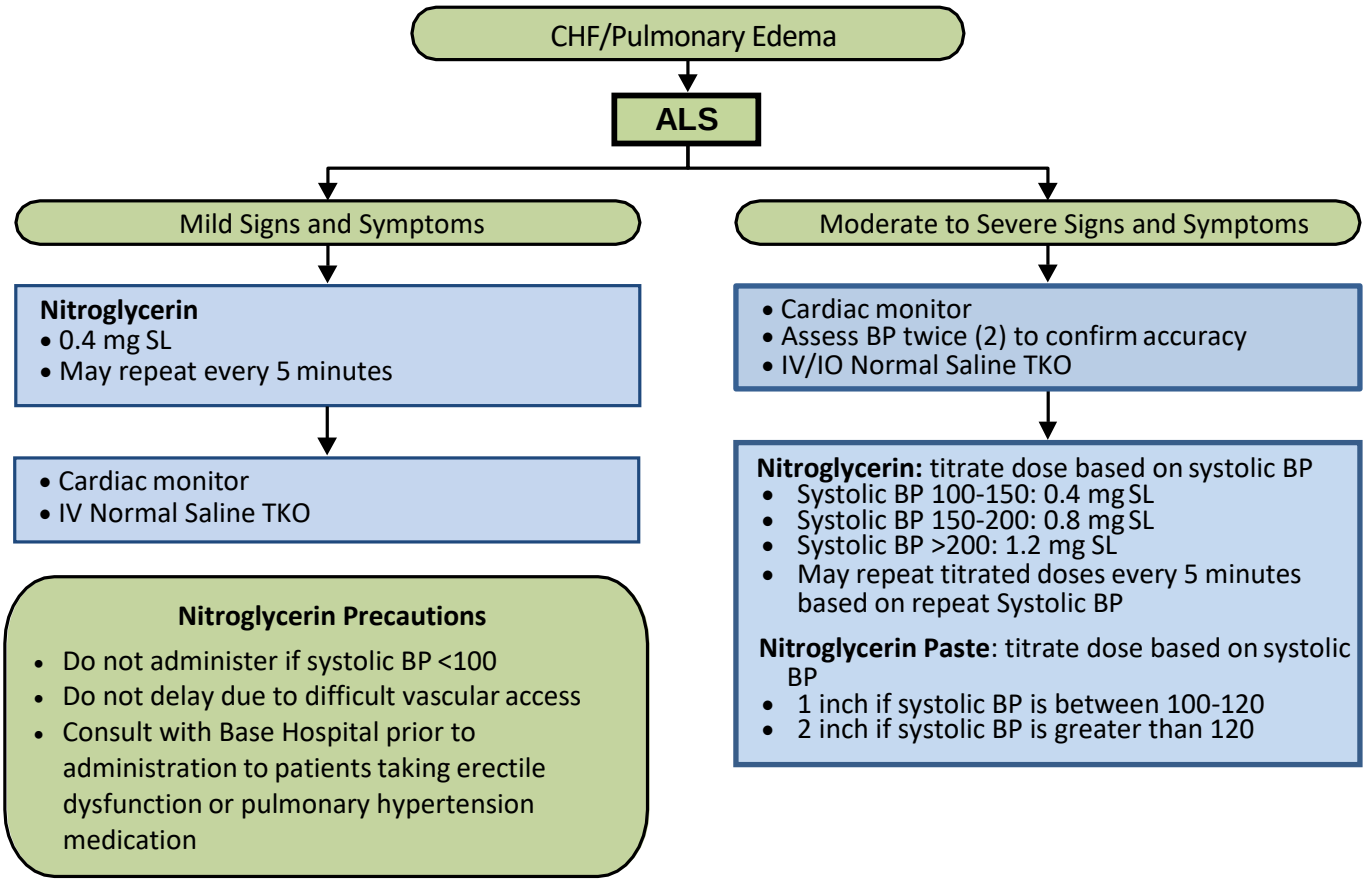
ALS TREATMENT:

MONITOR: Treat rhythm as appropriate. 12-Lead ECG for CHF/Pulmonary Edema patients.
VASCULAR ACCESS: IV/IO access as appropriate for patient condition
$EtCO_2$: Use is encouraged for patients in moderate to severe distress



NOTE: PATIENTS WITH SYSTOLIC BLOOD PRESSURE (SBP) < 90 AND PULMONARY EDEMA

- PUSH DOSE **EPINEPHERINE** – 10 mcg (1 ml) slow IV/IO push every 1-5 minutes for systolic BP less than 90 mmHg **Epinephrine** solution mixing instructions
  - Take **Epinephrine** 1:10,000 concentration (1 mg/10 ml) and waste 9 ml of **Epinephrine**
  - In same syringe draw 9 ml of saline and shake well
  - Mixture now provides 10 ml of **Epinephrine** at 10 mcg/ml (0.01 mg/ml) concentration
  - Label syringe **Epinephrine** 10 mcg/ml

NOTE: Use extreme caution with the administration of **Epinephrine** IV push