



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: June 1, 2023

ACUTE RESPIRATORY DISTRESS	
Adult	Pediatric
BLS	
<p>Assess vital signs Evaluate respiratory rate O_2, titrate SpO₂ to $\geq 94\%$ Assess lung sounds Consider CPAP for moderate to severe distress</p>	
ALS	
Cardiac Monitor, Waveform EtCO ₂ , Vascular Access	
Wheezing/Bronchospasm	Wheezing/Bronchospasm
<p>Albuterol 5 mg Nebulized • May repeat x 1</p> <p><u>And</u></p> <p>Ipratropium 500 mcg Nebulized • No repeat</p> <p><u>If no improvement and Asthma is suspected cause:</u></p> <p>Epinephrine (1:1,000) 0.3 mg IM • No repeat</p>	<p>Albuterol 5 mg Nebulized • May repeat x 1</p> <p><u>And</u></p> <p>Ipratropium 500 mcg Nebulized • No repeat</p> <p><u>If no improvement</u></p> <p>Epinephrine (1:1,000) 0.01 mg/kg IM • Total max dose 0.3 mg • No repeat</p>
Pulmonary Edema (CHF)	Stridor
<p><u>SBP > 100</u></p> <p>Nitroglycerine 0.4 mg SL spray or tablet • May repeat every 5 minutes</p> <p><u>Or Apply</u></p> <p>Nitroglycerin Paste 2% 1 inch to chest wall • No repeat; remove if SBP falls to < 100</p>	<p>NS 2.5 - 5 mL Nebulized</p> <p><u>If no improvement</u></p> <p>Epinephrine (1:1,000) 0.5 mL/kg Nebulized • Add NS 2 - 3.5 mL for volume • Max 5 mL</p>
Direction	
<ul style="list-style-type: none">Contact Base Hospital for additional treatment if necessary	