CCT-RN/Paramedic Treatment Guideline 1301/2301

Respiratory Distress

Perform **MAMP Protocol 4201** and after obtaining background history, examining the patient, and reviewing vital signs including oxygen saturations and/or any blood gas results, consider the following guidelines based upon the etiology of the respiratory distress, as follows:

A. Bronchospasm (as in COPD or asthma).

1. For acute bronchospasm in adults, follow **Bronchospasm Protocol 4302** ***except*** may administer the following medications without MCP order if needed:

    a. Albuterol nebulizer 5.0 mg in 2.5 ml of normal saline with oxygen at 8 - 10 LPM, and may repeat this dose every 10-15 minutes, up to 3 doses, if needed to relieve the respiratory distress, unless contraindicated.

    b. May include in the first respiratory nebulizer treatment: ipratropium bromide (*Atrovent*) 500 mcg.

    c. Methylprednisolone (*Solu-Medrol*) 125 mg IV**.**

    d. If not already performed as part of **MAMP Protocol 4201**, consider CPAP trial per **CPAP Protocol 8301** if patient meets criteria and does not show improvement with the above treatment.

    e. Intubation per **Airway Management Protocol 4901** or **Advanced Airway Management (RSI) Guideline 1901/2901,** especially if oxygen saturations < 90% and inadequate response to above treatment, or if patient is exhibiting signs of mental confusion, respiratory fatigue, etc.

2. **Contact Medical Command** enroute with patient report, update of all treatments instituted, and ETA.

B. Acute Pulmonary Edema.

1. For acute pulmonary edema, may administer nitroglycerin sublingual, furosemide (*Lasix*), and morphine sulfate as per **Pulmonary Edema Protocol 4303**, and may administer albuterol nebulized (as in A.1. above), all without MCP order, if needed.

2. If not already performed as part of **MAMP Protocol 4201**, consider CPAP trial per **CPAP Protocol 8301** if patient meets criteria and does not show improvement with the above treatment.

3. Consider intubation per **Airway Management Protocol 4901** or **Advanced Airway Management (RSI) Guideline 1901/2901,** especially if oxygen saturations < 90% and inadequate response to above treatment, or if patient is exhibiting signs of mental confusion, respiratory fatigue, etc.
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4. Contact Medical Command enroute with patient report, update of all treatments instituted, and ETA.

C. Pediatric Respiratory Distress (non-cardiac etiology).

1. For acute bronchospasm in children, follow **Bronchospasm Protocol 4302** ***except*** may administer the following without MCP order if needed***:***

   a. Albuterol 2.5 mg in 2.5 ml normal saline with oxygen at 8-10 LPM via nebulizer as in **Bronchospasm Protocol 4302**, and may repeat this dose every 10-15 minutes, up to 3 doses, if needed to relieve the respiratory distress, unless contraindicated.

   b. Methylprednisolone (*Solu-Medrol*) 2 mg/kg IV**.**

   c. If stridor, racemic epinephrine 0.25 mg in 3 ml normal saline via nebulizer.

2. If epiglottitis, airway should be secured by endotracheal tube by the most experienced health care provider available **(*usually by the sending facility and their physicians, in the O.R.*)** prior to transport.

3. **Contact Medical Command** enroute with patient report, update of all treatments instituted, and ETA.