

Initial Date: 11/15/2012 Revised Date: 08/11/2023

#### *Michigan* ADULT TREATMENT RESPIRATORY DISTRESS

## **Respiratory Distress**

For patients  $\leq$  14 years of age refer to **Pediatric Respiratory Distress-Treatment Protocol**.

- 1. Follow General Pre-hospital Care-Treatment Protocol.
- 2. Allow patient a position of comfort.
- 3. Determine the type of respiratory problem involved.
- 4. Crackles of suspected cardiac etiology or fluid overload (Refer to the **Pulmonary Edema/Cardiogenic Shock-Treatment Protocol**).

### CLEAR BREATH SOUNDS:

- 1. Possible metabolic problems, MI, pulmonary embolus, hyperventilation
- 2. Obtain 12-lead ECG (Per MCA selection, may be a BLS or Specialist procedure) follow 12 Lead ECG-Procedure Protocol.

#### ASYMMETRICAL BREATH SOUNDS:

1. If evidence of tension pneumothorax and patient unstable, consider decompression refer to Pleural Decompression-Procedure Protocol

#### STRIDOR/UPPER AIRWAY OBSTRUCTION:

- 1. Complete Obstruction:
  - A. Follow Foreign Body Airway Obstruction-Treatment Protocol.
- 2. Partial Obstruction: epiglottitis, foreign body, anaphylaxis, etc.
  - A. Follow Airway Management-Procedure Protocol.
  - B. Consider anaphylaxis see **Anaphylaxis/Allergic Reaction-Treatment Protocol**.
  - C. Transport in position of comfort.

#### RHONCHI (SUSPECTED PNEUMONIA):

- 1. Sit patient upright.
- 2. Consider CPAP per **CPAP-Procedure Protocol.**
- S3. Consider NS or LR IV/IO fluid bolus up to 1 liter, wide open if tachycardia, repeat as needed per Vascular Access and IV Fluid Therapy-Procedure Protocol

#### CRACKLES):

1. Crackles of suspected non cardiac etiology/fluid – follow wheezing, diminished breath sound below. For crackles of suspected cardiac etiology/CHF/cardiogenic shock refer to **Pulmonary Edema/Cardiogenic Shock-Treatment Protocol**.

#### WHEEZING, DIMINISHED BREATH SOUNDS (ASTHMA, COPD):

- 1. Assist the patient in using their own **albuterol** Inhaler, if available
  - (S) a. Administer **albuterol** 2.5 mg/3mL NS nebulized (Per MCA selection may be EMT skill) per **Medication Administration-Medication Protocol**



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Section 3-3

# Nebulized **albuterol** administration per MCA selection



## 2. Consider CPAP per **CPAP-Procedure Protocol**.

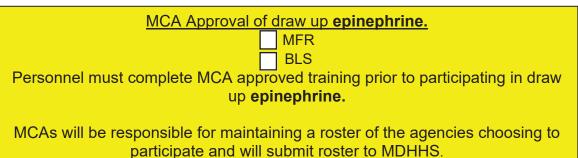
3. Administer epinephrine auto-injector (0.3 mg) in patients with impending respiratory failure and unable to tolerate nebulizer therapy,

MCA Approval of **epinephrine** auto-injector IM

MCAs will be responsible for maintaining a roster of the agencies choosing to participate and will submit roster to MDHHS.

S4. Administer epinephrine 1 mg/mL, 0.3 mg (0.3 mL) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy (per MCA selection may be BLS or MFR skill).

NOTE: BLS not carrying epinephrine auto-injector MUST participate in draw up epinephrine.



Administer nebulized albuterol 2.5 mg/3 mL NS nebulized and Ipratropium 500 mcg/2.5 mL NS if wheezing and/or airway constriction per Medication Administration-Medication Protocol (Per MCA selection may be Specialist skill)



↔ 6. Administer prednisone tablet 50 mg PO to adults and children > 6 years of age (if available per MCA selection)

Additional Medication Option:

✓ Prednisone 50 mg tablet PO (Adults and Children > 6 y/o)

i. If **prednisone** is not available, patient is < 6 years of age, or patient is unable to

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# receive medication PO, administer **methylprednisolone** IV/IO/IM: a. Adults: 125 mg

b. Pediatrics: 2mg/kg (max 125 mg)

- 7. Contact medical control and consider repeat epinephrine 1mg/mL, 0.3 mg (0.3 mL) IM in asthma patients with impending respiratory failure if unable to tolerate nebulizer therapy.
  - 8. Consider magnesium sulfate 2gms slow IV in refractory status asthmaticus.
    Administration of magnesium sulfate is best accomplished by adding magnesium sulfate 2gm to 100 to 250 mL of NS and infusing over approximately 10 minutes.

<u>Medication Protocols</u> Albuterol Epinephrine Ipratropium Magnesium Sulfate Methylprednisolone Prednisone