ALS STANDING ORDERS:

1. For all presentations of respiratory distress:

   Pulse oximetry, for oxygen saturation less than 95%:

   ► *High-flow Oxygen by mask as tolerated*

2. In addition, if one of the following highlighted conditions exists, treat as indicated:

   Stridor (including possible allergic reaction), administer:

   ► *Albuterol 6 mL (5mg) continuous nebulization as tolerated.*

   ► *Epinephrine 0.01 mg/kg SQ (1:1,000 concentration, maximum dose 0.3 mg).*

   → *ALS escort to nearest appropriate PRC.*

   Wheezes, suspected asthma:

   ► *Albuterol 6 mL (5 mg) continuous nebulization as tolerated.*

   ► *CPAP, if proper mask size available, as tolerated and if not contraindicated (reference PR-120).*

   For wheezing consistent with asthma, not responding to albuterol or CPAP, administer:

   ► *Epinephrine 0.01 mg/kg SQ (1:1,000 concentration, maximum dose 0.3 mg)*

   → *ALS escort to nearest appropriate PRC.*

   Croup-like Cough (recurrent):

   ► *Normal saline 3 mL by continuous nebulization as tolerated.*

   If signs or symptoms of poor perfusion:

   ► *Establish IV access*

   ► *infuse 20 mL/kg Normal Saline bolus, may repeat twice to maintain perfusion*.

   → *ALS escort to nearest appropriate ERC.*

3. Base Hospital Contact for any of above conditions if no response to therapy or status worsens.

GUIDELINES:

- For purposes of this Guideline, respiratory distress is defined as labored breathing, rapid respiratory rate (> 50 breaths/minute), patient complaint of difficulty breathing or inability to "get enough air".
- Signs of respiratory distress include:
  - Breathing with use of accessory muscles including abdominal breathing.
  - Cyanosis, particularly of lips and facial area.
  - Audible noises of breathing, including rhonchi, rales, and wheezes.
  - Altered level of consciousness associated with rapid or slow breathing patterns.
- Respiratory distress is a symptom associated with multiple medical emergencies. The conditions that can be treated in the field represent some, but not all potentially fatal emergencies that cause respiratory distress.
- Patients with severe asthma may present with minimal or no wheezing because of severe bronchospasm. When this condition is suspected, treat the patient as someone with wheezing.

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