



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
RESPIRATORY DISTRESS (ADULT/ADOLESCENT)

#: BH-M-35
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Date: 04/01/2017

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. For purposes of this Guideline, respiratory distress is defined as labored breathing, rapid respiratory rate (> 26 breaths/minute), and patient complaint of difficulty breathing or inability to “get enough air”.
3. 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.
4. Respiratory distress is a symptom associated with multiple medical emergencies. Transport of this category of patients to an ERC for evaluation is essential.

Bilateral basilar rales, suspected congestive heart failure or pulmonary edema:

1. For suspected congestive heart failure or pulmonary edema, consider repeated doses of nitroglycerine:
 - ▶ *If systolic BP \geq 100 mm Hg, administer Nitroglycerine 0.4 mg SL, may repeat twice if BP remains \geq 100 mm Hg. If systolic BP \geq 150 mm Hg, administer Nitroglycerine 0.8 mg SL, may repeat twice if BP remains \geq 150 mm Hg (if drops below 150 mm Hg, but remains above 100 mm Hg, continue with 0.4 mg SL dosing).*
2. CPAP when available to a maximum of 10 cmH₂O

ALS STANDING ORDER

1. General:
 - Pulse oximetry, if oxygen saturation less than 95%, administer one of following based on tolerance or condition:
 - ▶ *High-flow Oxygen by mask or nasal cannula 6 l/min flow rate if tolerated*
 - ▶ *If history of COPD, Oxygen by nasal cannula 2 liters/minute. Do not withhold oxygen therapy for a COPD patient if severely hypoxic as manifested by struggling to breath and physical respiratory distress (O₂ Sat is unreliable to assess COPD distress in the acute field setting). Treat COPD patients with acute respiratory distress with O₂ and prepare to assist ventilation as needed.*
 - Monitor cardiac rhythm
2. In addition to the above, if one of the following conditions exists, treat as noted:
Bilateral basilar rales, labored breathing (RR > 20/min) and suspected congestive heart failure or pulmonary edema:
 - ▶ *If systolic BP \geq 100 mm Hg, administer Nitroglycerine 0.4 mg SL, may repeat twice if BP remains \geq 100 mm Hg.*
OR,
If systolic BP \geq 150 mm Hg, administer Nitroglycerine 0.8 mg SL, may repeat twice if BP remains \geq 150 mm Hg (if drops below 150 mm Hg, but remains above 100 mm Hg, continue with 0.4 mg SL dosing).
 - ▶ CPAP if available as tolerated and if not contraindicated (reference PR-120).
 - ▶ 12-lead ECG, if “Acute MI” indicated or a STEMI is suspected based on paramedic interpretation of 12-lead ECG contact Base Hospital for CVRC destination.
 - ALS escort to nearest appropriate ERC.

Approved:

Review Dates: 11/16
Final Date for Implementation: 04/01/2017
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BASE GUIDELINES

Stridor (if suspected allergic reaction, refer to SO-M-15):

1. For suspected allergic reaction treat according to *SO-M-15/BH-M-15 Allergic Reaction/Anaphylaxis- Adult/Adolescent*

Wheezes, suspected asthma or other forms of bronchospasm, including COPD:

1. For continued wheezing, suspected asthma or other forms of bronchospasm
 - ▶ Repeat *Albuterol 6 mL (5 mg) continuous nebulization as tolerated.*
 - ▶ Consider *Epinephrine 0.3 mg IM (1 mg/mL preparation) once – hold if history of cardiac disease, signs of CHF, chest pain, or age > 40 years-old.*

ALS STANDING ORDER

Stridor (if suspected allergic reaction, refer to SO-M-15):

- ▶ Place in position of comfort and ALS escort to nearest appropriate ERC.

Wheezes, suspected asthma or other forms of bronchospasm, including COPD:

- ▶ *Albuterol, Continuous nebulization of 6 mL (5 mg) concentration as tolerated.*
 - ▶ *CPAP if available as tolerated and if not contraindicated (reference PR-120).*
- ALS escort to nearest appropriate ERC.

3. If further orders required for patient stabilization, contact Base Hospital.

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