

## ADULT RESPIRATORY DISTRESS:

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1. **Oxygen**
2. Allow position of comfort.
3. SpO<sub>2</sub> monitor, cardiac **monitor**.
4. If bronchospasm suspected consider **Albuterol**, 2.5mg (0.5cc) in 3cc solution via nebulizer.
5. Establish **IV access**.
6. If cardiac etiology suspected consider **Nitroglycerin** 0.4 mg sublingual X 1.
7. Consider CPAP
8. Airway management and assisted ventilation if needed.
9. **Contact Medical Control**  
Medical Control Options:
  - a. **Nitroglycerin 0.4mg** every 5 min sublingually or metered spray .
  - b. **Morphine Sulfate** 2-3mg IV for suspected heart failure.
  - c. **Albuterol 2.5mg** (0.5cc) in 3ml solution via nebulizer.
  - d. **Epinephrine** 1:1000, 0.3-0.5mg subcutaneously or intramuscular.
  - e. Divert to closest hospital if deterioration anticipated.

## PEDIATRIC RESPIRATORY DISTRESS

1. Maintain airway, administer 10-15 lpm of oxygen via NRB or blow-by.
2. Suctioning for copious nasal and/or oral secretions
3. Allow position of comfort (with parent if possible)
4. Cardio-respiratory monitor and continuous pulse oximeter
5. Begin BVM ventilation with 100% oxygen for
  - a. ineffective respiratory effort
  - b. heart rate < 80 for infants, < 60 for children
  - c. cyanosis despite 100% oxygen via NRB
  - d. decreased LOC
6. Establish IV/IO access
7. Treat based on suspected diagnosis:
8. **Upper Airway Obstruction**
  - a. Cool mist neb with 3 ml NS via nebulizer
  - b. If stridor, administer epinephrine via nebulizer (1:1000 2 ml in 3 ml NS)
  - c. Consider foreign body obstruction. If apneic and unable to effectively ventilate:
  - d. Perform back blows and chest thrusts in infant, or Heimlich maneuver in child
  - e. Direct visualization and attempt removal of FB with McGill forceps
9. **Bronchospasm**
  - a. Albuterol via nebulizer
    - i. <1 year of age: 1.25 mg in 3 ml NS
    - ii. >1 year of age: 2.5 mg in 3 ml NS
  - b. Subcutaneous or Intramuscular **Epinephrine** 1:1000, 0.01 mg/kg (0.01cc/kg). Not to be used in patients less than 3 mo.)
10. Medical Control Options
  - a. Epinephrine via nebulizer (1:1000 2 ml in 3 ml NS) for bronchospasm/severe distress not responsive to albuterol
  - b. Cricothyrotomy if FB with complete obstruction and unable to intubate or ventilate