



# Table of Contents Respiratory

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GUIDELINE #	NAME	DATE OF ISSUANCE / REVISION	# OF PAGES
<a href="#">9501</a>	Respiratory Distress / Bronchospasm	01/01/2013	1
<a href="#">9502</a>	Acute Pulmonary Edema / CHF	01/01/2015	1



# Respiratory Distress / Bronchospasm

TREATMENT GUIDELINE 9501

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## 9501.1 DEFINITION

Respiratory Distress / Bronchospasm: Acute onset of respiratory difficulty, including toxic inhalation, asthma, COPD and other etiologies that may induce bronchospasm. For CHF / pulmonary edema refer to Treatment Guideline # 9502 Acute Pulmonary Edema/CHF.

## 9501.2 MILD (mild wheezing / SOB / cough):

### A. TREATMENT

1. Albuterol 5 mg in 6 mL NS nebulizer (with associated wheezing / bronchospasm).
2. Repeat albuterol 5 mg in 6mL NS as clinically indicated.

## 9501.3 MODERATE TO SEVERE (cyanosis, accessory muscle use, one [1] to two [2] syllable units, severe wheezing, SOB, silent breath sounds):

### A. TREATMENT

1. CPAP may be initiated for moderate to severe respiratory distress at any time during treatment unless contraindicated. Continue inline albuterol during CPAP therapy; refer to Treatment Guideline # 9806 CPAP.
2. Administer albuterol 5 mg in 6 mL NS and ipratropium (Atrovent) 0.5 mg in 3 mL NS nebulizer.
3. Continue albuterol 5 mg in 6 mL NS nebulizer BVM (inline).
4. High dose epinephrine (1:1000) 0.3 mg IM (use with caution).
5. Notify receiving hospital early.

## 9501.4 RESPIRATORY / CARDIAC ARREST AND/OR SHOCK (arrest appears imminent and/or patients develops signs of shock):

- A. Hypotension.
- B. Poor skin signs (cool, clammy mottled).
- C. ALOC.

### 1. TREATMENT

- a. Epinephrine (1:10,000) 0.1 mg (1 mL) SIVP may repeat q two (2) minutes as clinically indicated.

## 9501.5 SPECIAL CONSIDERATIONS

Intubation of the severe asthmatic is extremely difficult and all other measures should be exhausted first.



# Acute Pulmonary Edema / CHF

TREATMENT GUIDELINE 9502

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## 9502.1 DEFINITION

Acute Pulmonary Edema / CHF: Acute onset of severe respiratory distress. The patient may have rales, occasional wheezes, tachycardia and elevated blood pressure.

## 9502.2 TREATMENT

- A. CPAP is mandatory unless contraindication(s) exist(s).
- B. Systolic blood pressure greater than 100: Nitroglycerin 0.4mg SL.
- C. Systolic blood pressure greater than 150: Nitroglycerin 0.8mg SL.
- D. May repeat nitroglycerin every five (5) minutes to maximum total 8.0mg.
  1. For transport times of over one (1) hour:
    - a. Immediately apply half ( $\frac{1}{2}$ ) inch of 2% nitroglycerin paste - may apply an additional half ( $\frac{1}{2}$ ) inch if signs/symptoms persist and systolic blood pressure remains above 100 (in addition to SL NTG).
- E. If wheezing or diminished lung sounds are noted on assessment, administer albuterol 5mg in 6ml NS.
  1. May repeat albuterol 5mg in 6ml NS as needed.
- F. ASA 162mg and 12-Lead ECG for acute coronary syndrome patients.

## 9502.3 PRECAUTIONS

Obtain patient's temperature if equipment is available.