

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8026.25
	PROGRAM DOCUMENT: Respiratory Distress	Initial Date:	03/17/1998
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Signature on File

Signature on File

EMS Medical Director

EMS Administrator

Purpose:

- A. To establish the treatment standard for patients assessed to have shortness of breath and/or respiratory distress.
- B. This protocol does not require the diagnosis of a specific disease or etiology precipitating respiratory distress. Treatment is assessment based.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Caveats:

- A. Pulmonary edema in the setting of CHF will usually have corroborating signs such as:
 - 1. History of CHF and medications such as diuretics and/or angiotensin-converting enzyme (ACE) inhibitors.
 - 2. Peripheral edema.
 - 3. Jugular venous distension (JVD).
 - 4. Frothy pulmonary secretions.

Policy:

BLS
1. Assess C-A-B. 2. Position of comfort, reduce anxiety. 3. Supplemental O ₂ as necessary to maintain SpO ₂ ≥ 94%. Use the lowest concentration and flow rate of O ₂ as possible.
1. Suction as needed. 2. CPAP for severe dyspnea. 3. Airway adjuncts as needed.
ALS
1. Cardiac monitoring and ETCO ₂ measurement as available. 2. Vascular access, but do not delay airway management. 3. Consider intubation for significant hypoxia, dyspnea, or impending airway loss.

NOTE: Ipratropium Bromide may be used as a substitute for Albuterol when Albuterol is not available.

Acute Respiratory Distress

- Assess CAB's limit physical exertion, reduce anxiety
- Consider oxygen therapy per Respiratory Distress: Airway management PD # 8020
- Cardiac Monitor and SpO₂, and ETCO₂ (continuous waveform) with advanced airways.
- Consider vascular access but do not delay airway management or treatment.
- Early contact with receiving hospital.

