

# Michigan ADULT TREATMENT RESPIRATORY DISTRESS

Initial Date: 11/15/2012

Revised Date: 05/23/2023

Section 3-3

# Respiratory Distress

For patients < 14 years of age refer to **Pediatric Respiratory Distress-Treatment Protocol**.

- 1. Follow General Pre-hospital Care-Treatment Protocol.
- 2. Allow patient a position of comfort.
- 3. Determine the type of respiratory problem involved.
- 4. Crackles of suspected cardiac etiology or fluid overload (Refer to the **Pulmonary Edema/Cardiogenic Shock-Treatment Protocol**).

## **CLEAR BREATH SOUNDS:**

- 1. Possible metabolic problems, MI, pulmonary embolus, hyperventilation
- 2. Obtain 12-lead ECG (Per MCA selection, may be a BLS or Specialist procedure) follow 12 Lead ECG-Procedure Protocol.

#### ASYMMETRICAL BREATH SOUNDS:

1. If evidence of tension pneumothorax and patient unstable, consider decompression refer to Pleural Decompression-Procedure Protocol

#### STRIDOR/UPPER AIRWAY OBSTRUCTION:

- 1. Complete Obstruction:
  - A. Follow Foreign Body Airway Obstruction-Treatment Protocol.
- 2. Partial Obstruction: epiglottitis, foreign body, anaphylaxis, etc.
  - A. Follow Airway Management-Procedure Protocol.
  - B. Consider anaphylaxis see **Anaphylaxis/Allergic Reaction-Treatment Protocol**.
  - C. Transport in position of comfort.

#### RHONCHI (SUSPECTED PNEUMONIA):

- 1. Sit patient upright.
- 2. Consider CPAP per CPAP-Procedure Protocol.
- S 3. Consider NS or LR IV/IO fluid bolus up to 1 liter, wide open if tachycardia, repeat as needed per Vascular Access and IV Fluid Therapy-Procedure Protocol

## CRACKLES):

 Crackles of suspected non cardiac etiology/fluid – follow wheezing, diminished breath sound below. For crackles of suspected cardiac etiology/CHF/cardiogenic shock refer to Pulmonary Edema/Cardiogenic Shock-Treatment Protocol.

### WHEEZING, DIMINISHED BREATH SOUNDS (ASTHMA, COPD):

1. Assist the patient in using their own albuterol Inhaler, if available

S a. Administer albuterol 2.5 mg/3ml NS nebulized (Per MCA selection may be EMT skill) per Medication Administration-Medication Protocol

MCA Name:

MCA Board Approval Date: MCA Implementation Date:

MDHHS Approval: 5/23/23 MDHHS Reviewed 2023



# *Michigan*ADULT TREATMENT **RESPIRATORY DISTRESS**

Initial Date: 11/15/2012 Revised Date: 05/23/2023 Section 3-3

		MCA selection    EMT		
②2. ③3.	Consider CPAP per <b>CPAP-Procedure Protocol</b> .  Administer epinephrine auto-injector (0.3 mg) in patients with impending respiratory failure and unable to tolerate nebulizer therapy,			
		MCA Approval of <b>epinephrine</b> auto-injector	o <u>r IM</u>	
	MCAs will be responsible for maintaining a roster of the agencies choosing to participate and will submit roster to MDHHS.			
<b>S</b> 4.	Administer <b>epinephrine</b> 1 mg/ml, 0.3 mg (0.3 ml) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy (per MCA selection may be BLS or MFR skill).  NOTE: BLS not carrying epinephrine auto-injector MUST participate in draw up epinephrine.			
		MCA Approval of draw up epinephrine.		
	□ BLS  Personnel must complete MCA approved training prior to participating in draw up <b>epinephrine</b> .			
	MCAs will be re	MCAs will be responsible for maintaining a roster of the agencies choosing to participate and will submit roster to MDHHS.		
<b>√</b> 5.	Administer nebulized <b>albuterol</b> 2.5 mg/3 ml <b>NS</b> nebulized and <b>Ipratropium</b> 500 mcg/3 ml <b>NS</b> if wheezing and/or airway constriction per <b>Medication Administration Medication Protocol</b> (Per MCA selection may be Specialist skill)			
		Nebulized <b>albuterol/ipratropium</b> administration per MCA selection ☐ Specialist		
<b>₩</b> 6.	Administer prednisone tablet 50 mg PO to adults and children > 6 years of age (if available per MCA selection)			
		Additional Medication Option:		
		☐ <b>Prednisone</b> 50 mg tablet PO (Adults and Children > 6 y/o)		
i. If <b>prednisone</b> is not available, patient is $\leq$ 6 years of age, or patient is unable				

MCA Name: MCA Board Approval Date: MCA Implementation Date:

Page **2** of **3** 



# Michigan ADULT TREATMENT RESPIRATORY DISTRESS

Initial Date: 11/15/2012

Revised Date: 05/23/2023

Section 3-3

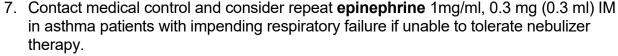
receive medication PO, administer methylprednisolone IV/IO/IM:

a. Adults: 125 mg

b. Pediatrics: 2mg/kg (max 125 mg)









8. Consider **magnesium sulfate** 2gms slow IV in refractory status asthmaticus. Administration of **magnesium sulfate** is best accomplished by adding **magnesium sulfate** 2gm to 100 to 250 ml of **NS** and infusing over approximately 10 minutes.

Medication Protocols

Albuterol
Epinephrine
Ipratropium
Magnesium Sulfate
Methylprednisolone
Prednisone

MCA Name: MCA Board Approval Date: MCA Implementation Date:

MDHHS Approval: 5/23/23