

Michigan ADULT TREATMENT RESPIRATORY DISTRESS

Initial Date: 11/15/2012

Revised Date: 08/11/2023

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

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		Nebulized albuterol administration per MCA selection ☐ EMT		
2 . 3 .	Consider CPAP per CPAP-Procedure Protocol . Administer epinephrine auto-injector (0.3 mg) in patients with impending respirat failure and unable to tolerate nebulizer therapy,			
	MCA Approval of epinephrine auto-injector IM			
	MCAs will be responsible for maintaining a roster of the agencies choosing to participate and will submit roster to MDHHS.			
S 4.	Administer epinephrine 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 BLS or MFR skill). NOTE: BLS not carrying epinephrine auto-injector MUST participate in draw unepinephrine.		CA selection may be	
	MCA Approval of draw up epinephrine.			
	MCAs will be re	CAs will be responsible for maintaining a roster of the agencies choosing to participate and will submit roster to MDHHS.		
◆ 5.	Administer nebulized albuterol 2.5 mg/3 mL NS nebulized and Ipratropium 50 mcg/2.5 mL NS if wheezing and/or airway constriction per Medication Administration-Medication Protocol (Per MCA selection may be Specialist s			
		Nebulized albuterol/ipratropium administration per MCA selection ☐ Specialist		
 6.	Administer prednisone tablet 50 mg PO to adults and children > 6 years of age (if available per MCA selection)			
		Additional Medication Option:		
		☐ Prednisone 50 mg tablet PO (Adults and Children > 6 y/o)		
i. If prednisone is not available, patient is \leq 6 years of age, or patient is un				

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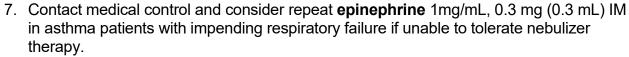
receive medication PO, administer methylprednisolone IV/IO/IM:

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