2010 ADULT RESPIRATORY DISTRESS **EMR EMT EMT-IV AEMT INTERMEDIATE PARAMEDIC** * Inadequate Oxygenation SpO₂ less than 90% despite **Respiratory Distress** high flow O2 * Inadequate Ventilation Dyspnea with verbal impairment – i.e. cannot For all patients: speak in full sentences While assessing ABCs: give Accessory muscle use monitor vital signs Respiratory rate greater than 24/minute despite O₂ Diminished tidal volume Monitor SpO₂ and waveform capnography Consider pulmonary and non-pulmonary causes of Monitor cardiac rhythm respiratory distress: • Pulmonary embolism No **Obstructed Airway** protocol Pneumonia Heart attack Patent airway? Pneumothorax Sepsis • Metabolic acidosis (e.g.: Yes Assist ventilations with BVM and No DKA) airway adjuncts as needed Anxiety Are ventilations adequate for physiologic state? Yes Yes Allergy and Anaphylaxis protocol Is anaphylaxis likely? No Mixed picture may exist ? Yes · Goal is maximization of Adult Wheezing protocol Is asthma or COPD likely? oxygenation and ventilation in all cases CPAP may be particularly No useful in mixed picture with hypoxia and/or hypoventilation ? Yes CHF/Pulmonary Edema protocol Avoid albuterol in suspected Is CHF/pulmonary edema likely? pulmonary edema No Transport Provide supportive care Maximize oxygenation and ventilation Contact Base if needed for consult

• Acquire 12 lead ECG