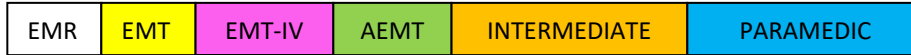


# 2030 ADULT WHEEZING



**Presentation suggests Bronchospasm:**  
*wheezing, prolonged expiratory phase, decreased breath sounds, accessory muscle use, known hx of asthma/COPD*

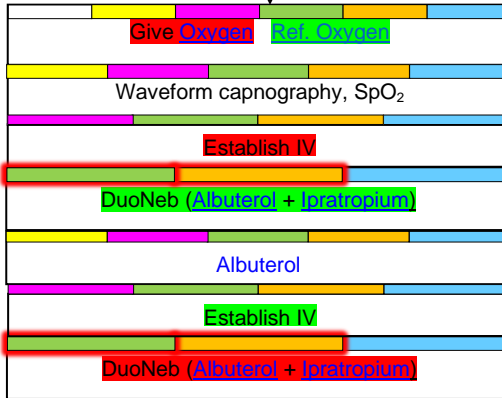
Adult Respiratory Distress  
 Protocol and prepare for immediate transport

**Consider pulmonary and non-pulmonary causes of respiratory distress:**

*Examples:* pulmonary embolism, pneumonia, pulmonary edema, anaphylaxis, heart attack, pneumothorax, sepsis, metabolic acidosis (e.g.: DKA), Anxiety

**Therapeutic Goals:**

- Maximize oxygenation
- Decrease work of breathing
- Identify cardiac ischemia (Obtain 12 lead EKG)
- Identify complications, e.g. pneumothorax



May give continuous neb of Albuterol for severe respiratory distress.

Yes  
 Is response to treatment adequate?

No

- Reassess for pneumothorax
- Consider CPAP early, especially in COPD
- If CPAP contraindicated, ventilate with BVM, and consider advanced airway

IV Methylprednisolone

IV Methylprednisolone will help resolve acute asthma exacerbation over hours, without immediate effect. In severe exacerbations, it may be given prehospital but should not be given for mild attacks responding well to bronchodilators

Acquire 12 lead  
 Rule out unstable rhythm, STEMI

Yes  
 Is response to treatment adequate?

No

- Reference Epinephrine IM.
- Indicated **only** if no response to neb, CPAP or pt in severe distress.
- Contraindicated if any concern for myocardial ischemia or known coronary artery disease.

Consider IV Magnesium Sulfate

- Reference Epinephrine IM.
- Indicated **only** if no response to neb, CPAP or pt in severe distress.
- Contraindicated if any concern for myocardial ischemia or known coronary artery disease.

IM Epinephrine is only indicated for most severe attacks deemed life-threatening and not responding to inhaled bronchodilators. Use extreme caution when administering. Cardiopulmonary monitoring is mandatory

- Continue monitoring and assessment en route
- Be prepared to assist ventilations
- Contact base for medical consult as needed

IV Magnesium Sulfate may be beneficial in some patients with severe attacks. It should not be given routinely, rather should be reserved for life-threatening asthma attacks not responding to conventional therapy

**COPD**

- **Correct hypoxia:** do not withhold maximum oxygen for fear of CO<sub>2</sub> retention
- Patients with COPD are older and have comorbidities, including heart disease.
- Wheezing may be a presentation of pulmonary edema, "cardiac asthma"
- Common triggers for COPD exacerbations include: Infection, dysrhythmia (e.g.: atrial fibrillation), myocardial ischemia
- **COPD exacerbations are particularly responsive to CPAP, which may help avoid the need for intubation and should be considered early in treatment**