

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual:	Emergency Medical Services Administrative Policies and Procedures	Policy Number: 510.11
Subject:	Basic Life Support (BLS) Protocols	Page: 1 of 2
	RESPIRATORY DISTRESS	
References:	California Administrative Code, Title 22, Division 9, Chapter 2	Effective: 11/15/83

I. TREATMENT

A. ABCs – Assessment and treatment.

B. Oxygen

1. If severe distress (i.e. marked cyanosis, decreased mental status, or unable to speak), oxygen high flow 15 liters/min. with mask and reservoir bag. Assist as needed with bag-valve-mask or oxygen powered breathing device.

NOTE: Should not use oxygen powered breathing device on patients 5 years old or less.

2. If moderate or mild distress, oxygen low flow 6 liters by nasal cannula.
3. If patient has history of COPD: Start oxygen at 2 L/min by nasal cannula. If cyanotic, gradually increase oxygen flow until cyanosis clears. If still cyanotic on 6 L/min by nasal cannula, change to 15 L/min by non-rebreathing mask.
4. If the patient is on home oxygen and is chronically cyanotic, administer the patient's normal oxygen dosage and contact the Base Hospital regarding increasing the oxygen flow. Prepare to assist ventilation's with bag-valve-mask, since oxygen may cause sleepiness and hypoventilation in COPD patients.

C. Patient will probably want to sit upright. If alert, let the patient choose the most comfortable position.

D. STAT transport. Transport Code 3, if patient is unstable.

NOTE: Consider prehospital ALS rendezvous.

Approved By:		Revision:
EMS Division Manager	Daniel J. Lynch (Signature on File at EMS Agency)	05/15/2007
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

Subject:	Basic Life Support (BLS) Protocols – Respiratory Distress	Policy Number: 510.11
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II. SPECIAL CONSIDERATIONS

- A. The conscious, dyspneic patient may rapidly deteriorate to respiratory failure or arrest. BE PREPARED TO INTERVENE.
- B. Allergic reactions are frequently responsible for dyspneic episodes; thus inquiry for known allergies must include substances other than medications.
- C. If hyperventilation is expected and if patient is tingly around mouth or in extremities:
 - 1. Reassure patient.
 - 2. DO NOT utilize paper bag breathing.
- D. If smoke/gas inhalation:
 - 1. Ensure personal safety.
 - 2. Remove patient from harmful environment.
- E. If child has evidence of epiglottitis, recent infection, high fever, stridor or quiet crying, drooling, use of accessory muscles:
 - 1. Allow parent or guardian to hold child.
 - 2. Have parent or guardian administer high flow oxygen to child.
 - 3. Immediate transport, but not Code 3 unless child deteriorates.
 - 4. If child over 5 years of age has complete obstruction, use positive pressure ventilation.
 - 5. If child under 5 years of age has complete obstruction, assist ventilation's with bag-valve-mask.
- F. Causes of respiratory distress: Asthma, croup and epiglottis, hyperventilation, pulmonary edema, smoke/toxic gas inhalation, COPD.