

## Sierra – Sacramento Valley EMS Agency Treatment Protocol

**Acute Respiratory Distress** 

10/04/0005

**R-3** 

Approval: Troy M. Falck, MD – Medical Director

Effective: 10/01/2025

Approval: John Poland – Executive Director

Next Review: 04/2028

### **Continuous Positive Airway Pressure (CPAP) Utilization**

### • Indications:

- CHF with pulmonary edema

- Moderate to severe respiratory distress

- Near drowning

### • Contraindications:

- <8 years of age
- Agonal respirations
- SBP <90

- Respiratory or cardiac arrest
- Severe decreased LOC
- Inability to maintain airway
- Suspected pneumothorax
- Major trauma, especially head injury or significant chest trauma

## • Complications:

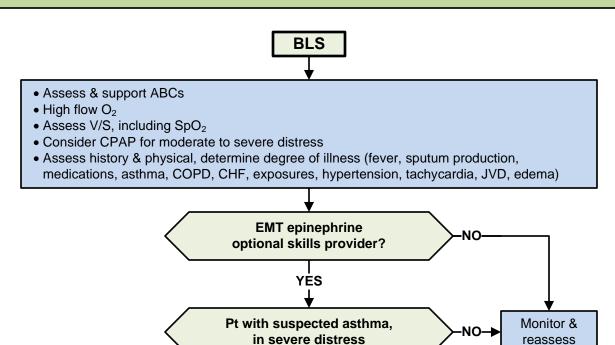
- Hypotension

- Pneumothorax

- Corneal drying

### **Epinephrine Administration**

- Epinephrine is only indicated for pts with suspected asthma who are in severe distress.
- Use epinephrine cautiously in pts >35yo, or with a history of coronary artery disease or hypertension.
- Administer Auto-Injector/IM epinephrine into the lateral thigh, midway between waist & knee.



# Epinephrine 1:1,000 IM

- Adult Auto-Injector
  OR
- 0.3 mg (0.3 mL) via approved syringe (Authorized EMT Personnel Only)

# **SEE PAGE 2 FOR ALS TREATMENT**

YES



# **Acute Respiratory Distress**

# **ALS TREATMENT** Asthma/COPD **Mild Distress Moderate to Severe Distress** Mild wheezing Cyanosis Mild shortness of breath Accessory muscle use • Inability to speak >3 words Cough · Severe wheezing/shortness of breath Decreased or absent air movement Cardiac monitor Cardiac monitor • Consider IV NS (may bolus up to 1000 mL) IV/IO NS (may bolus up to 1000 mL) Albuterol 5 mg & Ipratropium 500 mcg Albuterol 5 mg & Ipratropium 500 mcg Nebulizer/CPAP/BVM Nebulizer • May repeat (albuterol 2.5-5 mg only) for • May repeat (albuterol 2.5-5 mg only) for continued respiratory distress continued respiratory distress History of asthma with severe distress only Epinephrine 1:1,000 • 0.01 mg/kg IM (max: 0.5 mg) Base/Modified Base Hospital Order Only **Magnesium Sulfate** • 2 g in 100ml NS IV infused over 20 mins CHF/Pulmonary Edema Mild Signs & Symptoms **Moderate to Severe Signs & Symptoms** Cardiac monitor Cardiac monitor Assess BP x 2 to confirm accuracy • IV NS TKO • IV/IO NS TKO \*Nitroglycerin \*Nitroglycerin: titrate dose based on SBP • 0.4 mg SL • SBP 100-150: 0.4 mg SL

## \*Nitroglycerin Notes/Precautions

Do not administer if SBP <100</li>

• May repeat every 5 mins

- Do not delay due to difficult vascular access
- Consult with base/modified base hospital prior to administration to pts taking erectile dysfunction or pulmonary HTN medication

SBP 150-200: 0.8 mg SLSBP >200: 1.2 mg SL

• May repeat doses every 5 mins based on repeat