***MFR & Basic EMT-Epinephrine Study***

***Respiratory Distress***

**Pre-Medical Control**

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. Follow **General Pre-hospital Care Protocol**.
2. Allow patient a position of comfort.
3. Determine the type of respiratory problem involved:

**STRIDOR/UPPER AIRWAY OBSTRUCTION:**

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. Complete Obstruction:

a. Follow **Emergency Airway Procedure**.

1. Partial Obstruction: epiglottitis, foreign body, anaphylaxis:

**a. Follow Emergency Airway Procedure**.

b. Consider anaphylaxis (see **Anaphylaxis/Allergic Reaction Protocol**).

c. Transport in position of comfort.

**CLEAR BREATH SOUNDS:**

**PARAMEDIC**

1. Possible hyperventilation, metabolic problems, MI, pulmonary embolus
   1. Obtain 12-lead ECG, if available.

**CRACKLES (CHF/PULMONARY EDEMA):**

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. Refer to the **Pulmonary Edema/CHF** protocol in the adult cardiac protocols.

**RHONCHI (SUSPECTED PNEUMONIA):**

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. Sit patient upright.

**EMT/SPECIALIST**

1. Consider CPAP per MCA selection. Refer to CPAP/BiPAP Procedure.

**SPECIALIST**

1. Consider NS IV/IO fluid bolus up to 1 liter, wide open if tachycardia, repeat as needed.

**PARAMEDIC**

1. Consider CPAP/BiPAP (if available) per CPAP/BiPAP Procedure.
2. Consider NS IV/IO fluid bolus up to 1 liter, wide open if tachycardia, repeat as needed.

**ASYMETRICAL BREATH SOUNDS:**

**PARAMEDIC**

1. If evidence of tension pneumothorax and patient unstable, consider decompression (refer to **Pleural Decompression Procedure**)

**WHEEZING, DIMINISHED BREATH SOUNDS (ASTHMA, COPD):**

**MFR/EMT/SPECIALIST/PARAMEDIC**

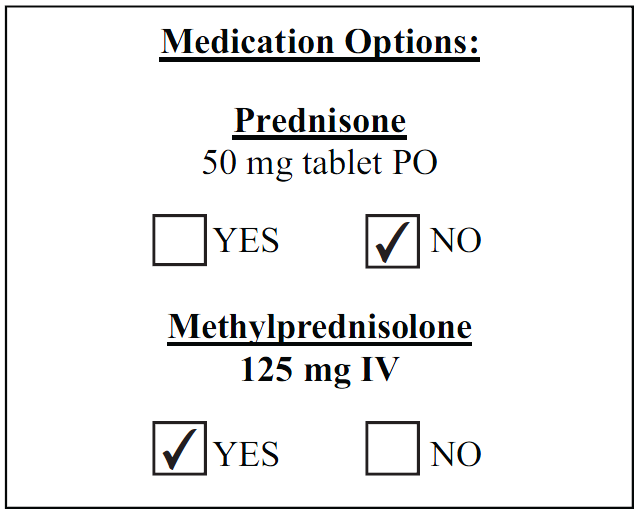
1. Assist the patient in using their own Albuterol Inhaler, if available.
2. Administer Epinephrine 1:1000 - 1 mg/mL, 0.3 mg (0.3 ml) IM to patients with impending respiratory failure unable to tolerate nebulizer therapy.

**EMT/SPECIALIST**

1. Administer Albuterol if available. Refer to **Nebulized Bronchodilators Procedure**.
2. Consider CPAP (if available). Refer to **CPAP/BiPAP Procedure**.

**PARAMEDIC**

1. Administer Bronchodilator per **Nebulized Bronchodilators Procedure**.
2. Per MCA Selection, if a second nebulized treatment is needed, administer Prednisone **OR** Methylprednisolone.



1. Consider CPAP/BiPAP (if available) per **CPAP/BiPAP Procedure**.

**Post -Medical Control**

**ASTHMA:**

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. Consider Epinephrine 1:1000 - 1 mg/mL, 0.3 mg (0.3 ml) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy.

**PARAMEDIC**

1. Consider Magnesium Sulfate 2 gm slowly IV in refractory Status Asthmaticus. Administration of Magnesium Sulfate is best accomplished by adding Magnesium Sulfate 2 gm to 100 to 250 ml of NS and infusing over approximately 10 minutes.