

# Michigan **ADULT TREATMENT** RESPIRATORY DISTRESS

Initial Date: 11/15/2012 Revised Date: 08/11/2023 Section 3-3

# Respiratory Distress

For patients < 14 years of age refer to **Pediatric Respiratory Distress-Treatment** Protocol.

- 1. Follow General Pre-hospital Care-Treatment Protocol.
- 2. Allow patient a position of comfort.
- 3. Determine the type of respiratory problem involved.
- 4. Crackles of suspected cardiac etiology or fluid overload (Refer to the **Pulmonary Edema/Cardiogenic Shock-Treatment Protocol**).

### **CLEAR BREATH SOUNDS:**

- 1. Possible metabolic problems, MI, pulmonary embolus, hyperventilation
- 2. Obtain 12-lead ECG (Per MCA selection, may be a BLS or Specialist procedure) follow 12 Lead ECG-Procedure Protocol.

#### ASYMMETRICAL BREATH SOUNDS:

1. If evidence of tension pneumothorax and patient unstable, consider decompression refer to Pleural Decompression-Procedure Protocol

#### STRIDOR/UPPER AIRWAY OBSTRUCTION:

- 1. Complete Obstruction:
  - A. Follow Foreign Body Airway Obstruction-Treatment Protocol.
- 2. Partial Obstruction: epiglottitis, foreign body, anaphylaxis, etc.
  - A. Follow Airway Management-Procedure Protocol.
  - B. Consider anaphylaxis see Anaphylaxis/Allergic Reaction-Treatment Protocol.
  - C. Transport in position of comfort.

#### RHONCHI (SUSPECTED PNEUMONIA):

- 1. Sit patient upright.
- 2. Consider CPAP per CPAP-Procedure Protocol.
- S 3. Consider **NS** or **LR** IV/IO fluid bolus up to 1 liter, wide open if tachycardia, repeat as needed per Vascular Access and IV Fluid Therapy-Procedure Protocol

#### CRACKLES):

1. Crackles of suspected non cardiac etiology/fluid – follow wheezing, diminished breath sound below. For crackles of suspected cardiac etiology/CHF/cardiogenic shock refer to Pulmonary Edema/Cardiogenic Shock-Treatment Protocol.

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

1. Assist the patient in using their own albuterol Inhaler, if available

(S) a. Administer albuterol 2.5 mg/3mL NS nebulized (Per MCA selection may be **EMT skill) per Medication Administration-Medication Protocol** 

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Nebulized **albuterol** administration per MCA selection ⋈ EMT

- 2. Consider CPAP per CPAP-Procedure Protocol.
- 3. Administer epinephrine auto-injector (0.3 mg) in patients with impending respiratory failure and unable to tolerate nebulizer therapy,

# MCA Approval of **epinephrine** auto-injector IM

MCAs will be responsible for maintaining a roster of the agencies choosing to participate and will submit roster to MDHHS.

S 4. Administer epinephrine 1 mg/mL, 0.3 mg (0.3 mL) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy (per MCA selection may be BLS or MFR skill).

NOTE: BLS not carrying epinephrine auto-injector MUST participate in draw up epinephrine.

## MCA Approval of draw up epinephrine.

☑ MFR

**⊠** BLS

Personnel must complete MCA approved training prior to participating in draw up **epinephrine**.

MCAs will be responsible for maintaining a roster of the agencies choosing to participate and will submit roster to MDHHS.

5. Administer nebulized **albuterol** 2.5 mg/3 mL **NS** nebulized and **Ipratropium** 500 mcg/2.5 mL **NS** if wheezing and/or airway constriction per **Medication Administration-Medication Protocol** (Per MCA selection may be Specialist skill)

Nebulized **albuterol/ipratropium** administration per MCA selection ⊠ Specialist

6. Administer prednisone tablet 50 mg PO to adults and children > 6 years of age (if available per MCA selection)

**Additional Medication Option:** 

☑ **Prednisone** 50 mg tablet PO (Adults and Children > 6 y/o)

i. If **prednisone** is not available, patient is  $\leq 6$  years of age, or patient is unable to

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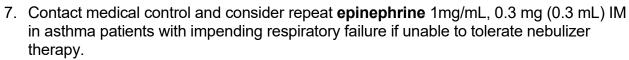
receive medication PO, administer methylprednisolone IV/IO/IM:

a. Adults: 125 mg

b. Pediatrics: 2mg/kg (max 125 mg)









8. Consider **magnesium sulfate** 2gms slow IV in refractory status asthmaticus. Administration of **magnesium sulfate** is best accomplished by adding **magnesium sulfate** 2gm to 100 to 250 mL of **NS** and infusing over approximately 10 minutes.

Medication Protocols

Albuterol
Epinephrine
Ipratropium
Magnesium Sulfate
Methylprednisolone
Prednisone

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