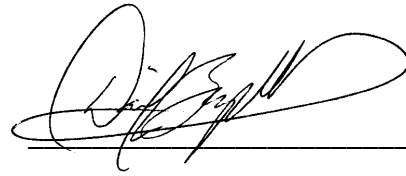


EL DORADO COUNTY EMS AGENCY

PREHOSPITAL PROTOCOLS

Effective: January 1, 2017



EMS Agency Medical Director

BLS Respiratory Distress

INFORMATION NEEDED:

- Patient History:
 - Fever, sputum production, medications, asthma, COPD, exposures (allergens, toxins, fire/smoke), trauma (blunt/penetrating).
- Symptoms:
 - Chest pain, shortness of breath, cough, inability to speak in full sentences.

OBJECTIVE FINDINGS:

Respiratory rate (less than 10 greater than 30), rhythm (abnormal pattern, shallow) effort (labored), lung sounds (wheezing, stridor), cough, fever, spitting/coughing blood or pink froth, barking, Rash urticaria, heart rate, blood pressure, skin signs, mental status, evidence of trauma, anxiety, and restlessness.

TREATMENT:

1. Reassure patient and place in a position of comfort or supine if hypotensive.
2. ABC's
3. Ensure ALS response
4. Oxygen 10-15 L/min via non-rebreather mask. Patient's with ineffective respirations: support ventilations with BVM
5. Suction as needed
6. Assist patient in using their own prescribed respiratory inhaler medication (**EMT ONLY**)
7. Routine Medical Care
8. Upper airway obstruction: Relieve obstruction by positioning, suction, abdominal thrusts; infants use back blows and chest thrusts instead of abdominal thrusts.
9. Chest wound: cover open chest wound with occlusive dressing taped on three (3) sides
10. **For Children** with signs and symptoms of epiglottitis (recent infection, fever, stridor, quiet crying, excessive drooling, use of accessory muscles)
 - a. Allow parent to hold child;
 - b. Have the parent administer high flow blow/by oxygen (humidified)
 - c. Immediate transport to closest facility and refrain from siren use
 - d. **DO NOT PLACE ANYTHING IN MOUTH OR VISUALIZE AIRWAY**

11. **For children** with signs and symptoms of croup (mild fever, hoarseness, seal bark coughing, respiratory distress, restlessness, pale and cyanotic)
 - a. Place child in position of comfort
 - b. Administer high flow humidified oxygen
 - c. Cool night air may help reduce edema in the airway tissues

CHF/ PULMONARY EDEMA

12. **CPAP (if trained and equipped)** – Start with valve at 7.5cm setting and 100% O2 flow rate. Titrate to patient's condition. If patient's respiratory status does not improve change valve setting to 10.0cm. Be prepared to support ventilations with appropriate airway adjuncts. Monitor and record vital signs every 5 minutes. Be prepared for possible hypotension. If hypotension develops, decrease valve setting.
13. **IF CPAP is not available:** Attempt to assist breathing with BVM after explaining procedure to patient.

Protocol Procedure: Flow of protocol presumes that condition is continuing. If patient is in severe respiratory distress due to excessive fluid in the lungs, immediate, rapid transport is essential with treatment performed en route.