

POLICY: 554.24
TITLE: Respiratory Distress

EFFECTIVE: 12/23/20
REVIEW: 12/2025
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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RESPIRATORY DISTRESS

I. AUTHORITY

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE

To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.

III. DEFINITIONS

- A. Mild Respiratory Distress describes a patient who is typically able to speak full sentences; whose blood pressure and pulse may be elevated; might be weak and diaphoretic; have a normal mental status; no cyanosis.
- B. Moderate Respiratory Distress describes a patient who is generally able to speak just a few words; whose blood pressure and pulse are likely elevated; who might be weak and diaphoretic; have a normal mental status; circumoral and digital cyanosis may be present.
- C. Severe Respiratory Distress describes a patient who is unable to speak; whose blood pressure and pulse will be elevated or depressed; whose mental status typically altered; central cyanosis likely.

Note: Sometimes patients do not fall clearly into a specific treatment protocol, especially for respiratory distress. Examples might include patients suffering from pneumonia. For those patients where a specific treatment protocol does not fit the patient's presentation, this protocol may be utilized.

IV. PROTOCOL

EMR STANDING ORDERS

Patient Assessment	Circulation, Airway, Breathing. Assess vitals q 5 minutes and place patient in position of comfort
Oxygen Administration	Provide oxygen if appropriate.
Position	Sitting (as tolerated).

EMT STANDING ORDERS	
Note	Must perform items in EMR standing order if applicable
Temp	Record and document temperature
Pulse Oximetry	Record reading pre and post oxygen administration.
CPAP	Consider CPAP for patients in moderate and severe respiratory distress. If available, start at 5 cm H2O titrate up as patient tolerates and as patient condition warrants, to a max of 10 cm H2O
PARAMEDIC STANDING ORDERS	
Note	Must perform items in EMR and EMT Standing orders if applicable
Monitor	Treat heart rhythm as appropriate
Albuterol	5mg (6ml unit dose) via handheld/mask nebulizer/in line nebulization continuously if still wheezing
IV/IO Access	TKO

Clinical PEARLS:

- Consider sepsis as an underlying condition
- Consider the use of ETCO2
- Intravenous access is preferred over Intraosseous unless patient is unstable
- Secure airway with simplest technique, i.e. BLS airway unless unable to manage
- Consider Epinephrine 0.3mg of 1:1000 IM, if age <40 years old and systolic BP <180mm Hg.
- Acquire 12 lead if cardiac event is suspected
- Obtain and report home O2 level
- CPAP is only indicated on patients in moderate and severe respiratory distress and does not have any contraindications. Contraindications to CPAP include: Patients < 15 years old, patients less <4 feet tall, patients with an altered mental status, patients without an intact gag reflex and patients with systolic blood pressure < 90mmHg