San Mateo County Emergency Medical Services

Respiratory Arrest/Respiratory Failure

For patients requiring positive-pressure ventilation and/or hypoxia despite 100% oxygen

History
- Sudden onset of shortness of breath/coughing
- Past medical history
- Sudden loss of speech
- Syncope
- COPD/Asthma
- CHF
- Cardiac disease
- Lung disease

Signs and Symptoms
- Sudden onset of coughing, wheezing or gagging
- Stridor
- Inability to talk in complete sentences
- Panic
- Pointing to throat
- Syncope
- Cyanosis

Differential
- Foreign body aspiration
- Seizure
- Epiglottitis
- Syncope
- Hypoxia
- Asthma/COPD
- CHF exacerbation
- Anaphylaxis
- Massive pulmonary embolus

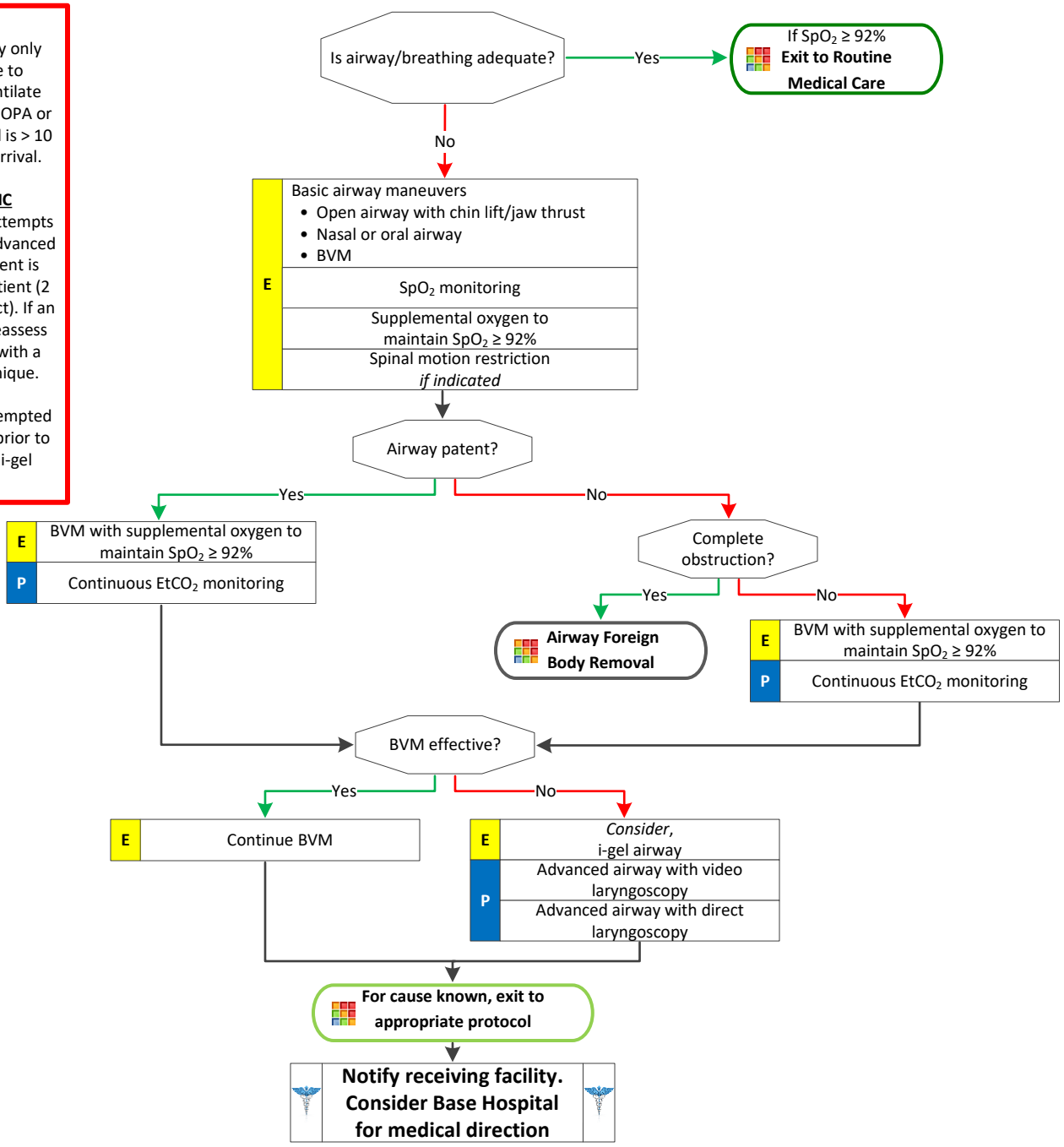
EMT

Use i-gel airway only when unable to adequately ventilate with a BVM and OPA or when ALS arrival is > 10 min after BLS arrival.

PARAMEDIC

The maximum attempts allowed for an advanced airway placement is three (3) per patient (2 video and 1 direct). If an attempt fails, reassess and approach with a different technique.

ETT must be attempted three (3) times prior to placement of i-gel airway.



Adult Respiratory Distress Treatment Protocols

SAN MATEO COUNTY HEALTH
EMERGENCY MEDICAL SERVICES

Treatment Protocol R02

Effective April 2025

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Pearls

- Effective use of a BVM is best achieved with two (2) providers. Use adult BVM until cardiac arrest.
- Continuous capnometry ($EtCO_2$) is mandatory with all intubations and BVM. Document results.
- If an effective airway is being maintained with a BVM and a basic airway adjunct with continuous pulse oximetry values of ≥ 90% or values expected based on pathophysiologic condition with otherwise reassuring vital sign (e.g., pulse oximetry of 85% with otherwise normal vital signs in a post-drowning patient), it is acceptable to continue with basic airway measures rather than placing an advanced airway.
- If after placement, an i-gel device is ineffective, attempt to reposition the device. If it remains ineffective, remove the device.
- An intubation attempt is defined as passing the laryngoscope blade or advanced airway past the teeth with the intent to intubate.
- An appropriate ventilatory rate is one that maintains an $EtCO_2$ of 35 to 45.
- The airway should be reassessed with each patient move. Document findings and $EtCO_2$ readings for each.
- Maintain spinal motion restriction for patients with suspected spinal injury.
- In deteriorating patients with head trauma, increase ventilation rate to maintain an $EtCO_2$ of 30-35.
- It is important to secure the advanced airway well and consider c-collar use (in the absence of trauma) to better maintain advanced airway placement. Manual stabilization of advanced airway should be used during all patient moves/transfers.