San Mateo County Emergency Medical Services

Respiratory Distress/Bronchospasm

For COPD/asthma exacerbations and any bronchospasms/wheezing not from pulmonary edema

History
- Asthma
- COPD – chronic bronchitis, emphysema
- Home treatment (e.g., oxygen or nebulizer)
- Medications (e.g., Theophylline, steroids, inhalers)
- Frequency of inhaler use

Signs and Symptoms
- Shortness of breath
- Pursed lip breathing
- Decreased ability to speak
- Increased respiratory rate and effort
- Wheezing or rhonchi/diminished breath sounds
- Use of accessory muscles
- Cough
- Tachycardia

Differential
- Asthma
- Anaphylaxis
- Aspiration
- COPD (emphysema or bronchitis)
- Pleural effusion
- Pneumonia
- Pulmonary embolus
- Pneumothorax
- Cardiac (MI or CHF)
- Pericardial tamponade
- Hyperventilation
- Inhaled toxin (e.g., carbon monoxide, etc.)

Breathing adequate?
- Yes
- Apply Oxygen to maintain goal SpO₂ ≥ 92%
  - Airway support
  - Cardiac monitor
  - Consider, 12-Lead ECG
  - Consider, EtCO₂ monitoring
  - Establish IV/IO

- No
  - Respiratory Arrest/Respiratory Failure

Wheezing
- Consider, CPAP
- Albuterol
- Decrease LOC or unresponsive to Albuterol,
  Epinephrine 1:1,000 IM

Stridor
- Consider, CPAP
- Albuterol
- Epinephrine 1:1,000 nebulized

Other systemic symptoms
- Exit to Anaphylaxis

Notify receiving facility.
Consider Base Hospital for medical direction
Pearls

- A silent chest in respiratory distress is a pre-respiratory arrest sign.
- Patients receiving epinephrine should receive a 12-Lead ECG at some point in their care in the prehospital setting, but this should NOT delay the administration of Epinephrine.
- Pulse oximetry monitoring is required for all respiratory patients.