

Respiratory Distress / Respiratory Failure (Adult)

CRITERIA

- This protocol is for patients who have respiratory distress or respiratory failure from an unclear etiology or who have persistent respiratory distress or respiratory failure despite treatment under other existing protocols
- Patients with respiratory distress or respiratory failure due to specific reasons (e.g. obstructed airway, anaphylaxis/severe allergic reaction) should be treated accordingly

CFR and All Provider Levels

1. ABCs and vital signs
2. Use airway adjuncts as needed and administer oxygen as follows:
 - For respiratory distress, administer oxygen and allow the patient to maintain a position of comfort
 - For respiratory failure, assist ventilations at a rate of 10 breaths/min with supplemental oxygen
3. Assess and treat for an overdose as needed

CFR STOP

EMT

4. Request ALS assistance
5. For patients with persistent respiratory distress, begin continuous positive airway pressure (CPAP) therapy (Appendix N: Continuous Positive Airway Pressure Therapy), if available
6. Transport

EMT STOP

Paramedic

7. Perform advanced airway management as needed
8. Assess and treat for a tension pneumothorax as needed (Appendix M: Needle Decompression of a Tension Pneumothorax)
9. Begin cardiac monitoring
10. Perform, record and evaluate EKG rhythm
11. Obtain intravascular access
12. For patients with suspected acute cardiogenic pulmonary edema AND who have a SBP > 120 mmHg, administer Nitroglycerin 0.4 mg SL/IV. Repeat every 5 minutes as needed
13. Monitor vital signs every 2-3 minutes

Paramedic STOP

Medical Control Options

14. Administer Furosemide 20-80 mg IV

Key Points / Considerations

- All patients who are in respiratory arrest must receive ventilatory assistance unless a valid New York State Prehospital DNR Order and/or MOLST/eMOLST form is presented to the crew
- Patients who require supplemental oxygen should receive high concentration oxygen via a non-rebreather mask set at 10-15 liters/min:
 - If a mask is not tolerated by the patient, a nasal cannula set at 6 liters/minute should be used and properly documented
 - There is no reason to withhold high concentration oxygen when required in adult or pediatric patients
 - Patients who are chronically maintained on oxygen and who do not require high concentration oxygen shall be administered oxygen at their prescribed flowrate
- Monitor breathing continuously and assess for signs of hypoxia and/or increasing respiratory distress
- Nitroglycerin shall not be administered to patients who have used erectile dysfunction medications within the past 72 hours, unless otherwise directed by OLMC
- Consider procedural sedation as needed for anxiolysis associated with CPAP use