San Joaquin County
Emergency Medical Services Agency

BLS Respiratory Distress

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.60, 1797.80, 1797.197, 1797.197a, 1797.204, 1797.220, 1798; California Code of Regulations, Title 22, Chapter 3.12, Sections 100006.012~~,~~ ~~100063, 100064~~

DEFINITIONS:

A. "Pediatric" means patients 12 years of age and younger

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 or 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 position of comfort or supine if hypotensive.
2. Primary Survey – ensure ABC's.
3. Ensure ALS Response.
4. Monitor SpO2.
5. Administer oxygen for shortness of breath or signs of hypoxia: Oxygen 10-15 L/min via non-rebreathing mask. Patients with ineffective respirations: support ventilations with BVM and oropharyngeal airway~~airway~~ or nasopharyngeal airway if gag still present. ~~.~~
6. Suction as needed.
7. **EMT**: Assist patient in using their own prescribed respiratory inhaler medications.
~~7.~~8. **EMT:** For adult patients with no gag reflex insert iGel and ventilate with BVM.
~~8.~~9. Following specific treatment: Secondary Survey and Routine Medical Care.

Specific treatments:

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~~9.~~10. Upper airway obstruction: Relieve obstruction by positioning, suction, abdominal thrusts; infants use back blows and chest thrusts instead of abdominal thrusts.

~~10.~~11. Chest wound: Cover open chest wound with occlusive dressing taped on three sides.

~~11.~~12. **For pediatric patient** 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 humidified oxygen to child.
C) Immediate transport to closest facility. Refrain from siren use if possible.
D) **DO NOT** place anything in the mouth or attempt visualization of airway.

~~12.~~13. **For pediatric patient** 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 (generally sitting); B) Cool night air may help reduce edema in the airway tissues.

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