

r-3 ACUTE RESPIRATORY DISTRESS

PRIORITIES:

- ABCs
- Determine degree of physiologic distress:
 - Respiratory rate >20, use of accessory muscles, cyanosis, inadequate ventilation, depressed level of consciousness
- Maintain airway, provide oxygen and ventilatory support;
- Determine which causes best fit patient signs and symptoms, initiate treatment;
- Assure an advanced life support response;
- Early transport after an EMS transporting unit arrives.

Respiratory Distress

Increased respiratory rate, sensation of difficult breathing. May be due to pneumonia, inhalation of toxic substances, pulmonary embolus.

1. Ensure a patent airway (suction as necessary);
2. Be prepared to support ventilation with appropriate airway adjuncts;
3. OXYGEN THERAPY – Begin oxygen at 6 liters/ minute by nasal cannula or 10 liters/minute by mask. If there is a history of Chronic Obstructive Pulmonary Disease (COPD), observe for respiratory depression and support respirations as needed. **DO NOT** withhold oxygen from a patient in cardiorespiratory distress because of a history of COPD.
4. Place patient in position of comfort if conscious. If depressed level of consciousness, position on left side;
5. Assist advanced life support personnel with patient packaging and movement to ambulance;