

r-5 CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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;

Chronic Obstructive Pulmonary Disease

Chronic symptoms of pulmonary disease, wheezing, cough, decreased breath sounds, may have barrel chest.

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 respiration 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 after the unit arrives.
6. Consider;
 - Assist patient with his/her medications if available;
 - Limit any physical exertion or movement the patient may be attempting;
 - Loosen tight clothing;
 - Encourage patient to cough up sputum;
 - Keep patient warm, but not overheated.