



RESPIRATORY DISTRESS							
ADULT	PEDIATRIC						
BLS Procedures							
<p>Assess Vitals. Obtain spO2. Oxygen. Titrate to SPO2 to 94% or higher. Assess lung sounds. Provide calming measures.</p>							
<p>CPAP 5 cm H2O</p> <ul style="list-style-type: none"> Titrate cm H2O to patient tolerance. Max of 10 cm H2O. 	<p>Oxygen therapy as appropriate</p>						
ALS Standing Orders							
<p>Follow BLS procedure if applicable. Consider ECG & 12-lead. IV/IO Access as needed. Obtain EtCO2.</p>							
Wheezing/Bronchospasm							
<p>Albuterol 2.5 to 5 mg Nebulized.</p> <ul style="list-style-type: none"> May repeat once. <p style="text-align: center;"><u>AND/OR</u></p> <p>Ipratropium 0.5 mg Nebulized.</p> <ul style="list-style-type: none"> May repeat once. <p><u>If no improvement, and Severe Asthma is suspected cause:</u></p> <p>Epinephrine (1:1,000) 0.3 mg IM</p> <ul style="list-style-type: none"> Single Dose Only 	<p>Albuterol 2.5 to 5 mg Nebulized.</p> <ul style="list-style-type: none"> May repeat once. <p style="text-align: center;"><u>AND/OR</u></p> <p>Ipratropium 0.5 mg Nebulized.</p> <ul style="list-style-type: none"> May repeat once. <p style="text-align: center;"><u>If no improvement</u></p> <p>Epinephrine (1:1,000) 0.01 mg/kg IM</p> <ul style="list-style-type: none"> Total max dose 0.3 mg Single Dose Only 						
Pulmonary Edema (CHF)	Stridor						
<p>Apply CPAP as appropriate.</p> <p>Consider Albuterol 5 mg Nebulized.</p> <ul style="list-style-type: none"> For CHF patients with COPD/Asthma history May repeat once. <p style="text-align: center;"><u>SBP greater than 100</u></p> <p>Nitroglycerin Sublingual. Dose dependent on systolic blood pressure ranges:</p> <table style="margin-left: 20px;"> <tr> <td>SBP of 100 to 150</td> <td>mmHg – 0.4 mg</td> </tr> <tr> <td>SBP of 150 to 200</td> <td>mmHg – 0.8 mg</td> </tr> <tr> <td>SBP of 200 or higher</td> <td>mmHg – 1.2 mg</td> </tr> </table> <ul style="list-style-type: none"> Reassess vitals after each Nitroglycerin dose. Repeat the dose associated with blood pressure range every 5 minutes. <ul style="list-style-type: none"> May repeat x2. Discontinue if SBP falls below 100. 	SBP of 100 to 150	mmHg – 0.4 mg	SBP of 150 to 200	mmHg – 0.8 mg	SBP of 200 or higher	mmHg – 1.2 mg	<p style="text-align: center;"><u>Mild to Moderate Symptoms</u></p> <p>Normal Saline 2.5-5 mL Nebulized.</p> <p style="text-align: center;"><u>Severe Stridor Symptoms</u></p> <p>Epinephrine (1:1,000) 0.5 mL/kg Nebulized.</p> <ul style="list-style-type: none"> Add NS 2 – 3.5 mL for volume. Max 5 mL of epinephrine (1:1,000)
SBP of 100 to 150	mmHg – 0.4 mg						
SBP of 150 to 200	mmHg – 0.8 mg						
SBP of 200 or higher	mmHg – 1.2 mg						
<u>Special Considerations</u>							
<ul style="list-style-type: none"> CPAP is the first line and preferred treatment for pulmonary edema. Aggressive treatment with CPAP is encouraged for moderate to severe CHF exacerbation. 							
<u>Base Hospital Orders Only</u>							
<p>Contact Base Hospital physician for additional treatment that exceeds written protocol</p>							