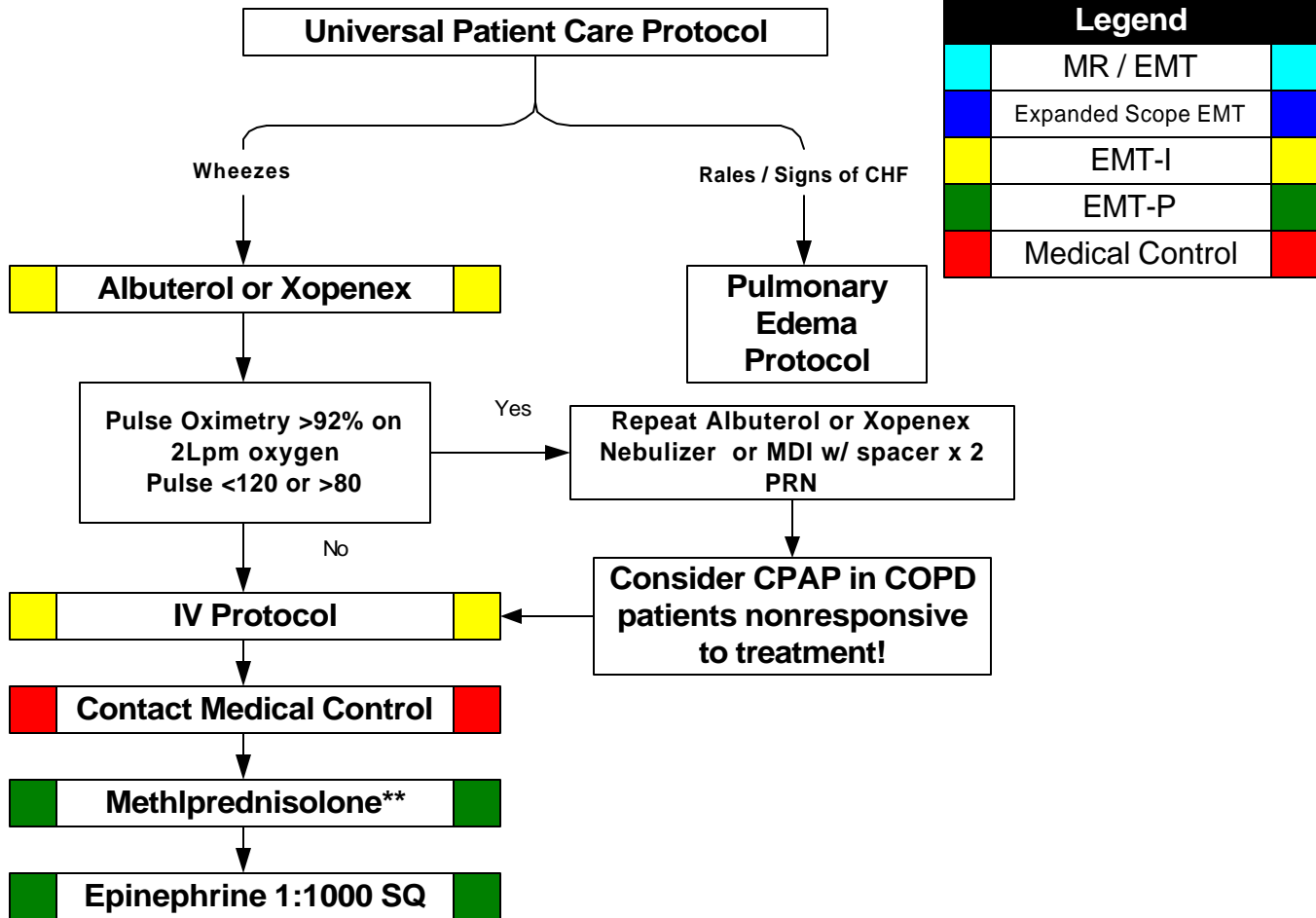


FORSYTH COUNTY EMS MEDICAL PROTOCOLS

Respiratory Distress

History: * Asthma; COPD--chronic bronchitis, emphysema, congestive heart failure * Home treatment (oxygen, nebulizer) * Medications (theophylline, steroids, inhalers) * Toxic exposure, smoke inhalation	Signs and Symptoms: * Shortness of breath * Pursed lip breathing * Decreased ability to speak * Increased respiratory rate and effort * Wheezing, rhonchi, stridor * Use of accessory muscles * Fever, cough * Tachycardia	Differential: * Asthma * Anaphylaxis * Aspiration * COPD * Pleural effusion * Pneumonia * Pulmonary embolus * Pneumothorax * Cardiac (MI or CHF) * Pericardial tamponade * Hyperventilation * Inhaled toxin
--	---	--



Pearls:

- * Exam: Mental Status, HEENT, Skin, Neck, Heart, Lungs, Abdomen, Extremities, Neuro
- * Pulse oximetry should be monitored continuously if initial saturation is < or = 96%, or there is a decline in patients status despite normal pulse oximetry readings.
- * Status asthmaticus -- severe prolonged asthma attack unresponsive to therapy -- life threatening!
- * **Contact Medical Control** prior to administering epinephrine unless indications of anaphylaxis.
- * **Contact Medical Control** prior to initiation of CPAP in the Asthma patient who is non-responsive to treatment.
- * A silent chest in respiratory distress is a pre-respiratory arrest sign.
- * Expanded Scope EMT personnel may assist patients in taking prescription Albuterol MDI.
- ** Dexamethasone may be substituted for Methprednisolone