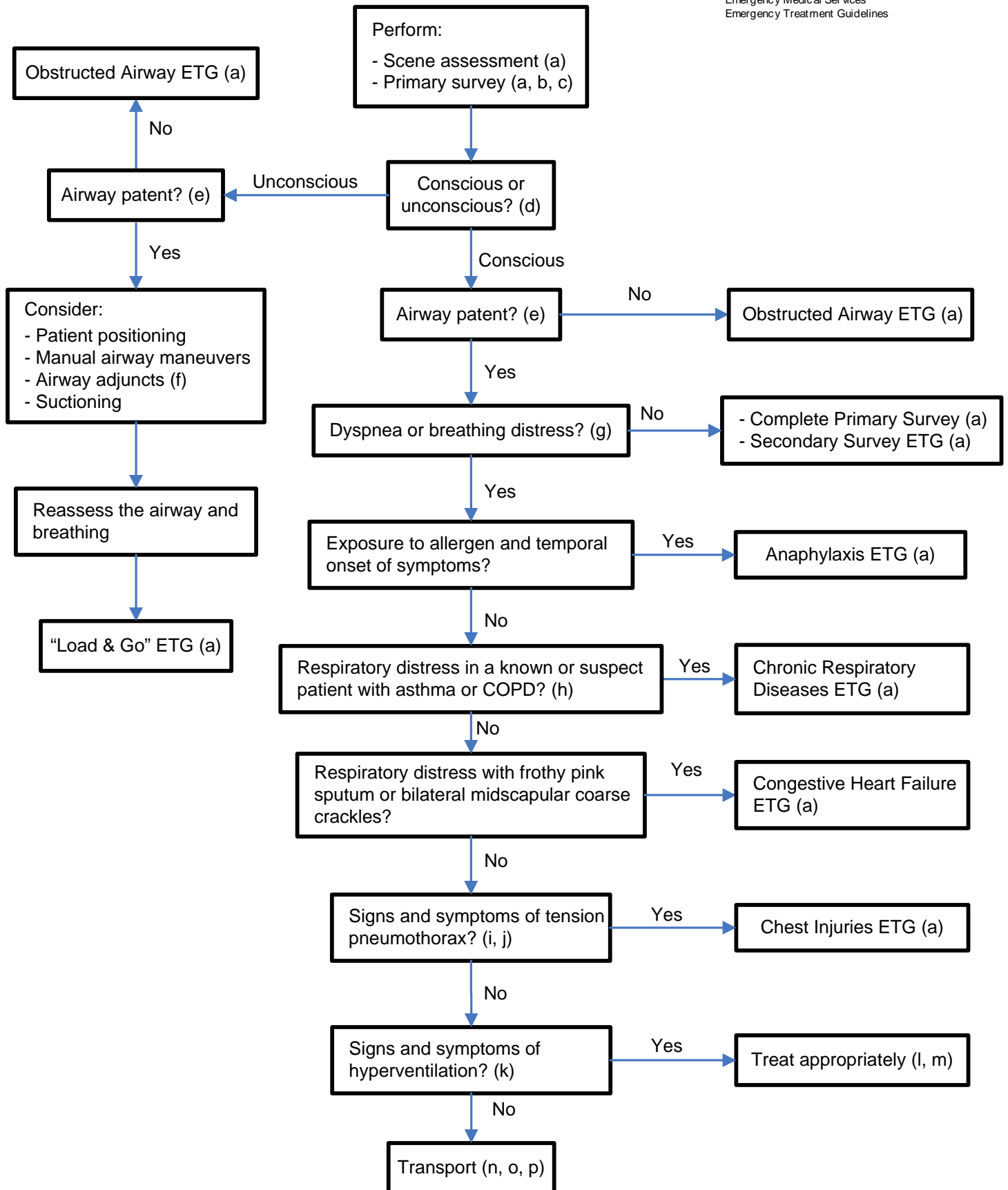


GENERAL: Dyspnea & Respiratory Distress



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- a. Refer to appropriate Emergency Treatment Guideline for a complete description and/or application.
- b. Dyspnea and respiratory distress should be assessed immediately with interventions started as early as possible. Respiratory distress unrelieved by basic interventions is a prime indicator for initiating the “load and go” guideline.
- c. Breathing distress in an adult should be considered when there are signs and symptoms of hypoxia and a breathing rate greater than or equal to 30 breaths or less than or equal to eight breaths per minute or the breathing tidal volume is low. Hypoxia may develop at any breathing rate and overall condition must be monitored closely.
- d. If the patient is unconscious due to trauma or unknown etiology, suspect a spinal injury and treat the patient accordingly (see Central Nervous System Emergency Treatment Guideline).
- e. Hypoxia can be reduced or eliminated by ensuring a patient has a patent airway.
- f. Type of airway used is specific to scope of practice or if trained and certified in advanced airway protocols.
- g. Assess presence or absence of air entry bilaterally (if within scope of practice).
- h. The asthmatic or COPD patient is characterized by having obstruction of expiratory gas flow. Smooth muscle contraction produces varying degrees of obstruction that may be largely reversible with therapy.
- i. Tension pneumothorax should be suspected in patients with hypotension and any one of the following:
 - Severe dyspnea
 - Resistance to ventilation
 - Hypoxia
- j. Immediate transport is indicated for patients with blunt or penetrating chest wounds with inadequate ventilation or cyanosis.
- k. Hyperventilation is defined as an increased depth of breathing or an increased breathing rate and occurs frequently as a result of underlying organic disease - especially in the cardiovascular or respiratory system. Hyperventilation patients’ “normal” respiratory rate is typically elevated or rapid as this helps compensate for underlying lung disease. An apparently “normal” respiratory rate in these patients may be abnormal and evidence of an underlying acute illness. If there is underlying chronic cardiorespiratory disease, hyperventilation may be a normal response to chronic illness or evidence of decompensation.
- l. Assess the patient’s respiratory status, including respiratory effort and adequacy of respirations. Oxygen should be administered while searching for an underlying cause.
- m. It is impossible for EMS personnel to make the distinction between organic and psychogenic causes of hyperventilation with any certainty and should not attempted. Having the patient rebreathe into a paper bag is contraindicated in the treatment of the hyperventilating patient. Be prepared to support ventilation in this situation.
- n. Obtain information on the situation from relatives, witnesses, and other response personnel.
- o. On scene times should be kept to a minimum with transport to the nearest appropriate health care facility. Monitor, assess and treat en route. Notify and report patient status and all findings to the receiving facility staff and document all actions on the patient care report including the decision to initiate load and go (if applicable).
- p. Monitor and treat the patient en route per appropriate Emergency Treatment Guideline(s). Other life threatening complications should be treated if possible and may need to be attended to while en route.