



Medical Directive

Directive Number	<u>10-3</u>
Publish Date	<u>12 May 2010</u>
Effective Date	<u>12 May 2010</u>
Subject	<u>Special Operations Medical Protocol for Respiratory Distress</u>
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Update to CMPMP & Clinical Operating Guidelines v 10.01.09	

ECA/EMR Provider	Information
EMT-Basic/EMT Provider	Information
EMT-Intermediate/AEMT Provider	Information
EMT-Paramedic PM1 Provider	Information
EMT-Paramedic PM2 Provider	Information
EMD Provider	Information
Special Operations PM2 Provider	Action

This new Special Operations Protocol provides this operational group medications for the treatment of patients in respiratory distress when, the logistics of carrying supplemental Oxygen bottles for the delivery of nebulized medications is impractical. This protocol should only be used if there is a significant delay in the on scene availability of Oxygen. Special Operations providers should use the current respiratory distress protocol whenever possible with regard to the patient's need for nebulized medications.

Thanks for all you do. As always, please let us know if you have any questions...

Larry Arms, LP, Clinical Operations, Practices and Standards Coordinator
Office of the Medical Director, Austin - Travis County EMS System



Paul R. Hinchey, MD
Austin-Travis County EMS System Medical Director
ESV#051210750

Special Operations: Respiratory Distress

History

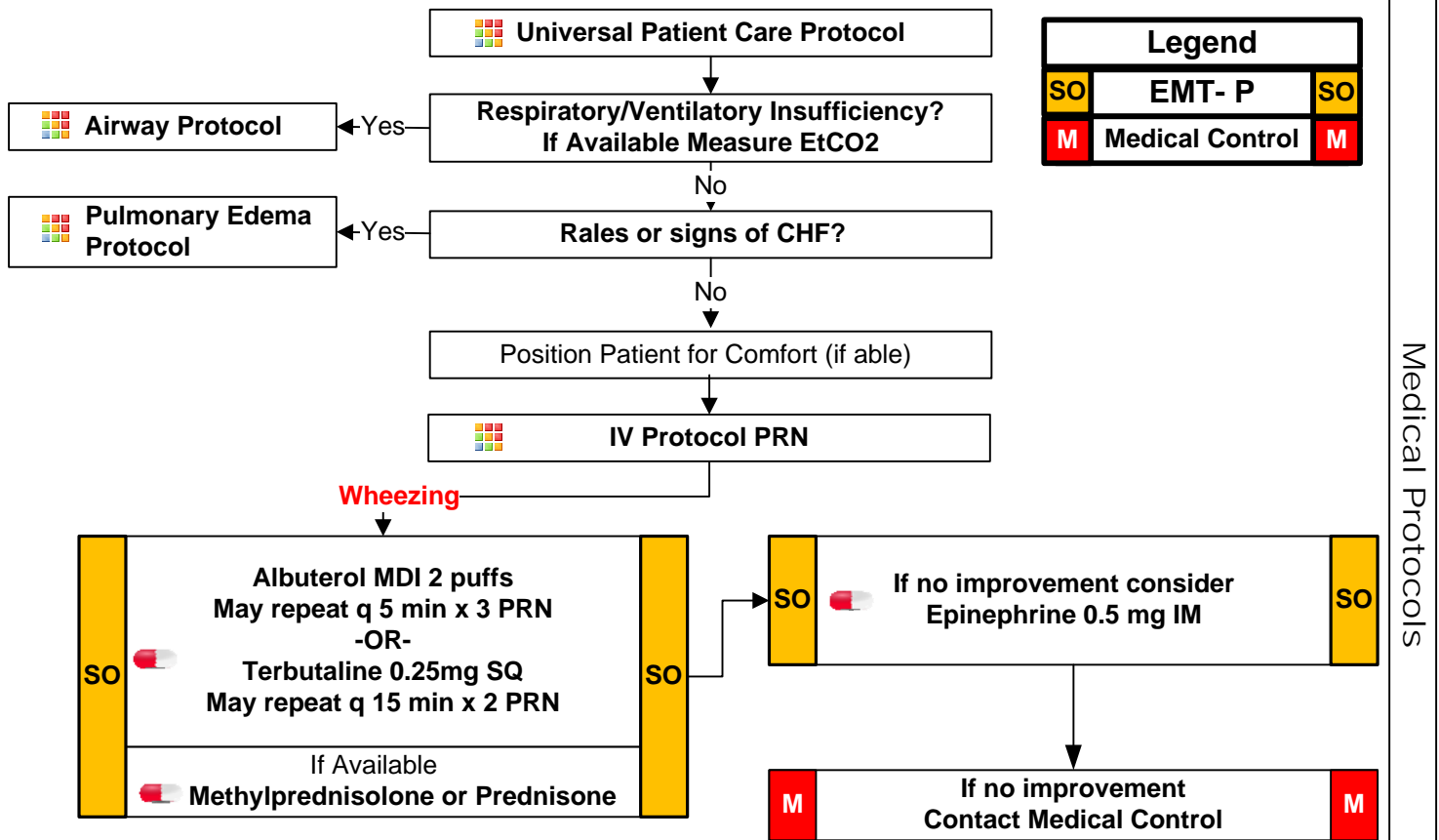
- Asthma; COPD -- chronic bronchitis, emphysema, congestive heart failure
- Home treatment (oxygen, nebulizer)
- Medications (theophylline, steroids, inhalers)
- Toxic exposure, smoke inhalation

Signs and Symptoms

- Shortness of breath
- Pursed lip breathing
- Decreased ability to speak
- Increased respiratory rate and effort
- Wheezing, rhonchi
- Use of accessory muscles
- Fever, cough
- Tachycardia

Differential

- Asthma
- Anaphylaxis
- Aspiration
- COPD (Emphysema, Bronchitis)
- Pleural effusion
- Pneumonia
- Pulmonary embolus
- Pneumothorax
- Cardiac (MI or CHF)
- Pericardial tamponade
- Hyperventilation
- Inhaled toxin (Carbon monoxide, etc.)



Pearls

- **Recommended Exam:** Mental Status, HEENT, Skin, Neck, Heart, Lungs, Abdomen, Extremities, Neuro
- Administration of a MDI or Terbutaline is restricted to the Special Operations Environment ONLY. Whenever special conditions do not exist patients should be treated according to the ATCEMS COGs.
- Pulse oximetry should be monitored continuously if initial saturation is < 97%, or there is a decline in patients status despite normal pulse oximetry readings.
- **Contact Medical Control** prior to administering epinephrine in patients who are >50 years of age, have a history of cardiac disease, or if the patient's heart rate is >150. Epinephrine may precipitate cardiac ischemia. A 12-lead ECG should be performed on these patients when available.
- A silent chest in respiratory distress is a pre-respiratory arrest sign.
- ETCO2 monitoring when it becomes available should be used when Respiratory Distress is significant and does not respond to initial Beta-Agonist dose.