

MOUNTAIN-VALLEY EMS AGENCY  
POLICIES AND PROCEDURES

POLICY: 554.24  
TITLE: Respiratory Distress, Not  
Otherwise Specified (Adult)  
EFFECTIVE DATE 7/01/2011  
SUPERSEDES:  
REVISED:  
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APPROVED: Signature On File In EMS Office  
Executive Director  
  
Signature On File In EMS Office  
Medical Director

**RESPIRATORY DISTRESS, NOT OTHERWISE SPECIFIED (NOS)**

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as a patient treatment standard for EMTs and Paramedics within their scope of practice.
- III. DEFINITIONS:
- A. Mild Respiratory Distress describes a patient who is typically able to speak full sentences; whose blood pressure and pulse may be elevated; might be weak and diaphoretic; have a normal mental status; no cyanosis.
  - B. Moderate Respiratory Distress describes a patient who is generally able to speak just a few words; whose blood pressure and pulse are likely elevated; who might be weak and diaphoretic; have a normal mental status; circumoral and digital cyanosis may be present.
  - C. Severe Respiratory Distress describes a patient who is unable to speak; whose blood pressure and pulse will be elevated or depressed; whose mental status typically altered; central cyanosis likely.

Note: Sometimes patients do not fall clearly into a specific treatment protocol, especially for respiratory distress. Examples might include patients suffering from pneumonia. For those patients where a specific treatment protocol does not fit the patient's presentation, this protocol may be utilized.

IV. PROTOCOL:

<b>MILD DISTRESS</b>	
<b>STANDING ORDERS</b>	
<b>ASSESS</b>	CAB
<b>OXYGEN</b>	Oxygen delivered as appropriate.
<b>POSITION</b>	Sitting (as tolerated).
<b>MONITOR</b>	Treat rhythm as appropriate.
<b>PULSE OXIMETRY</b>	
<b>ALBUTEROL</b>	2.5mg (3ml unit dose) via hand held/mask nebulizer, if the patient is wheezing. Reassess after first treatment and repeat as needed up to three total treatments.

<b>MODERATE DISTRESS</b>	
<b>STANDING ORDERS</b>	
<b>ASSESS</b>	CAB
<b>OXYGEN</b>	Oxygen delivered as appropriate.
<b>POSITION</b>	Sitting (as tolerated).
<b>MONITOR</b>	Treat rhythm as appropriate.
<b>PULSE OXIMETRY</b>	
<b>ALBUTEROL</b>	2.5mg (3ml unit dose) via hand held/mask nebulizer.
<b>REASSESS</b>	
<b>ALBUTEROL</b>	5mg (6ml unit dose) via hand held/mask nebulizer or in line nebulization continuously if still wheezing.
<b>CONSIDER CPAP</b>	<b>If available</b> , start at 5 cm H2O, titrate up as patient tolerates and as patient condition warrants, to a max of 10 cm H2O .
<b>IV ACCESS</b>	TKO

<b>SEVERE DISTRESS</b>	
<b>STANDING ORDERS</b>	
<b>ASSESS</b>	CAB
<b>OXYGEN</b>	Oxygen delivered as appropriate.
<b>POSITION</b>	Sitting (as tolerated).
<b>MONITOR</b>	Treat rhythm as appropriate.
<b>PULSE OXIMETRY</b>	
<b>APPLY CPAP</b>	<b>If available</b> , start at 5 cm H2O, titrate up as patient tolerates and as patient condition warrants, to a max of 10 cm H2O.
<b>ALBUTEROL</b>	5mg (6ml unit dose) via hand held/mask nebulizer/in line nebulization continuously if still wheezing.
<b>IV ACCESS</b>	TKO