

Shortness of Breath – Wheezes/Other	
ADULT	PEDIATRIC
BLS Procedures	
<p>Administer oxygen as indicated</p> <p>Initiate CPAP for both moderate and severe distress – 8 years of age and older</p> <p>Assist patient with prescribed Metered Dose Inhaler if available</p> <p>Severe Distress Only</p> <ul style="list-style-type: none"> • Epinephrine 1 mg/mL <ul style="list-style-type: none"> ○ If Under 30 kg <ul style="list-style-type: none"> • IM 0.15 mg <ul style="list-style-type: none"> ▪ May repeat x1 in 5 minutes if patient still in distress ○ If 30 kg and Over <ul style="list-style-type: none"> • IM – 0.3 mg <ul style="list-style-type: none"> ▪ May repeat x 1 in 5 minutes if patient still in distress 	
ALS Prior to Base Hospital Contact	
<p>Perform Needle Thoracostomy if indicated per VCEMS Policy 715</p> <p>Moderate Distress</p> <ul style="list-style-type: none"> • Albuterol <ul style="list-style-type: none"> ○ Nebulizer – 5 mg/6 mL <ul style="list-style-type: none"> • Repeat as needed • Epinephrine 1 mg/mL, if not already administered by BLS personnel <ul style="list-style-type: none"> ○ IM 0.3mg <ul style="list-style-type: none"> ▪ May repeat x 1 in 5 minutes if patient still in distress <p>Severe distress</p> <ul style="list-style-type: none"> • Epinephrine 1 mg/mL as above for moderate distress if IV/IO has not been established • Epinephrine IV/IO 0.1 mg/mL <ul style="list-style-type: none"> ○ Slow IV/IOP-0.1 mg (1 mL) increments over 1-2 minutes <ul style="list-style-type: none"> ▪ Max 0.3 mg (3 mL) <p>If not already performed by BLS personnel, consider CPAP for both moderate and severe distress</p> <p>IV/IO access</p>	<p>Perform Needle Thoracostomy if indicated per VCEMS Policy 715</p> <p>Moderate Distress</p> <ul style="list-style-type: none"> ○ Albuterol (patient less than 30kg) <ul style="list-style-type: none"> • Nebulizer – 2.5 mg/3 mL <ul style="list-style-type: none"> ○ Repeat as needed ○ Albuterol (patient over 30 kg) <ul style="list-style-type: none"> • Nebulizer – 5 mg/6 mL <ul style="list-style-type: none"> ○ Repeat as needed • Epinephrine 1 mg/mL, if not already administered by BLS personnel <ul style="list-style-type: none"> ○ IM – 0.01 mg/kg to a max of 0.15 mg <ul style="list-style-type: none"> • May repeat distress 5 minutes, if patient remains in distress <ul style="list-style-type: none"> ○ If patient under 30kg, max dose is 0.3 mg ○ If patient 30 kg and over, max dose is 0.6 mg <p>Severe Distress</p> <ul style="list-style-type: none"> • Epinephrine 1 mg/mL, as above for moderate distress if IV/IO has not been established. • Epinephrine IV/IO 0.1 mg/mL <ul style="list-style-type: none"> ○ Slow IV/IOP-0.01 mg/kg (0.1 mL/kg) increments over 1-2 minutes <ul style="list-style-type: none"> ▪ Max 0.3 mg (3 mL) <p>Suspected Croup</p> <ul style="list-style-type: none"> • Normal Saline <ul style="list-style-type: none"> ○ Nebulizer/Aerosolized Mask – 5 mL <p>If not already performed by BLS personnel, consider CPAP if age 8 years old and greater</p> <p>IV/IO access</p>
Communication Failure Protocol	
Base Hospital Orders only	
	<p>Suspected Croup and no improvement with Normal Saline nebulizer</p> <ul style="list-style-type: none"> • Less than 30 kg <ul style="list-style-type: none"> ○ Epinephrine 1mg/mL <ul style="list-style-type: none"> • Nebulizer/Aerosolized Mask – 2.5 mg/2.5mL • 30 kg and greater <ul style="list-style-type: none"> ○ Epinephrine 1mg/mL <ul style="list-style-type: none"> • Nebulizer/Aerosolized Mask – 5mg/5 mL
Consult with ED Physician for further treatment measures	
<p>Additional Information:</p> <ul style="list-style-type: none"> • High flow O₂ is indicated for severe respiratory distress, even with a history of COPD • COPD patients have a higher susceptibility to spontaneous pneumothorax due to disease process • If suspected Arterial Gas Embolus/Decompression Sickness secondary to SCUBA emergencies, transport patient in supine position on 15L/min O₂ via mask. Early BH contact is recommended to determine most appropriate transport destination. 	

Effective Date: June 1, 2018
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DZ S, MO
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