Assessment of the adult patient in respiratory distress requires specific attention to the function of the respiratory system.

The EMT’s and paramedic's assessment should be more concentrated in this area to include the following:

1. Assessment of chest wall movement to include rate and depth of ventilation, as well as a symmetrical rise and fall.
2. Assessment of accessory muscle use.
3. Auscultation of bilateral lung sounds.
4. Use of pulse oximetry.

The EMT and paramedic must be able to determine the adequacy of ventilation and understand its relationship to respiration.

If signs of hypoxia and respiratory distress are present, immediate airway and ventilatory management should be initiated. These signs include: altered mental status, tachypnea, use of accessory muscles, nasal flaring, pursed lips, abnormal lung sounds, tachycardia, and cyanosis. In addition, the general signs of shock may also be seen. Other signs of respiratory insufficiency that should alert the paramedic to the need for immediate airway and ventilatory management, including intubation, are: respiratory rate <10 or >36 per minute, and \( \text{SpO}_2 <90 \).

In patients with chronic respiratory disease, the paramedic must be able to differentiate between what is chronic and what is acute, as it pertains to the respiratory assessment.

Specific questions about the chief complaint and accompanying symptoms may prove to be invaluable in this setting. Assessment of lung sounds should be combined with patient history. For example, a patient with a history of CHF that has wheezing on auscultation of lung sounds should not be automatically classified as an "asthma patient". The paramedic must remember that patients with CHF may also present with wheezing. **If this patient does not have a history of asthma or allergic reaction, the more prudent assessment would be that of CHF.**
Specific treatments for the different causes of respiratory distress are outlined in the following protocols.

When the paramedic is unsure as to which protocol to follow, he or she should contact medical control for further direction.