



DIFFICULTY BREATHING



Escambia County, Florida – 1st Responder Medical Protocol

Assessment

A patient in respiratory distress requires specific attention to the function of the respiratory system. The First Responder's assessment should be more concentrated in this area to include the following:

- A. Assessment of chest wall movement to include rate and depth of ventilation, as well as a symmetrical rise and fall.
- B. Assessment of accessory muscle use.

The First Responder must be able to determine the adequacy of ventilation and respiration. If signs respiratory distress are present, immediate management should be initiated. These signs include: altered mental status, use of accessory muscles, nasal flaring, pursed lips, tachycardia, and cyanosis.

Assure ABC's. (See [General Supportive Care Protocol](#).)

Treatment

- A. See [General Supportive Care Protocol](#).
- B. If not breathing, attempt ventilation with adjunctive airway equipment if available.

Airway Obstruction: Complete

- Readjust airway.
- Attempt ventilation.
- Begin abdominal thrust maneuver.
- Clear the mouth.
- Attempt ventilation.



Approved: 10/01/2011
Version: 3.1

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Approved by:

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Charles Neal, D.O. Medical Director



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- Continue procedure as needed.

Partial Airway Obstruction:

- Support patient in position of comfort.
- Be prepared to ventilate if respiratory failure occurs.
- Insert oropharyngeal or nasopharyngeal airway as appropriate.
- (A nasopharyngeal airway may not trigger a gag reflex).
- Record presence or absence of neck vein distention, tracheal shift, or dependent edema.
- Observe the chest for equal expansion and normal or abnormal breath sounds.
- Inspect and palpate the chest for equal expansion.

C. If chest trauma evident and if:

Suspected multiple rib fractures and/or flail chest:

- Administer oxygen (12-15 LPM Non-Rebreather).
- Immobilize with hand or pillow when appropriate.

Suspected hemothorax or pneumothorax:

- Administer oxygen (12-15 LPM Non-Rebreather).

Watch for signs of tension pneumothorax:

- Cyanosis.
- Distended neck veins.



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- Tracheal Deviation.
- Decreased or absent breath sounds.

Impaled Object:

- Place sterile gauze at the base of the object, stabilize in place.
- Do not remove object except in cases of airway obstruction.
- Administer Oxygen at 12-15 LPM Non-Rebreather.

D. If dyspnea is noted and if:

Suspected CHF or pulmonary edema:

- Sit patient upright.

Asthma or wheezing:

- Place patient in position of comfort.

COPD:

- Place patient in position of comfort. Be prepared to ventilate if patient becomes apneic.

E. Hyperventilating patient:

- Use calm reassurance.
- Hyperventilation may be trauma related or due to metabolic causes. When in doubt, administer oxygen.



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- F. Administer oxygen to the non-breathing patient:
 - o Bag-Valve Mask with supplemental oxygen at highest flow rate.
- G. In all cases consider impending shock.

REPORT

Information as indicated in [*General supportive Care Protocol*](#).



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