Approved 9/12/18, Effective 1/15/19, replaces all prior versions

3B – DYSPNEA – UNCERTAIN ETIOLOGY ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Vital signs
   (including EtCO2, if equipped)
2. Oxygenation support
   ➢ O₂ by NC, NRB
   ➢ BVM, Bi/CPAP, ETT if indicated
3. Ventilation support
   ➢ BVM, Bi/CPAP, ETT if indicated
4. Nebulization therapy
   ➢ Albuterol

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMD

ADVISE TO AVOID PHYSICAL EXERTION
OR ENVIRONMENTAL STRESS (TEMP EXTREMES).
ADVISE PT SELF-ADMINISTRATION OF MEDICATIONS
(eg. ALBUTEROL INHALER)
IF PREVIOUSLY PRESCRIBED FOR SIMILAR SYMPTOMS

EMR / EMT

GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O₂ VIA NC, NRB, OR BVM AS APPROPRIATE
APPLY CARDIAC MONITOR (if equipped)
ADULT: OBTAIN 12-LEAD ECG & TRANSMIT TO RECEIVING EMERGENCY DEPARTMENT (if equipped)
ASSIST PT WITH PT'S OWN ALBUTEROL INHALER/NEBULIZER (when applicable)

EMT OR HIGHER LICENSE:
MEASURE END-TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped)
ADULT: APPLY Bi/CPAP IF INDICATED (if equipped)

ADULT & PEDIATRIC WEIGHT ≥15 kg: NEBULIZED ALBUTEROL 5 mg
PEDIATRIC WEIGHT <15 kg: NEBULIZED ALBUTEROL 2.5 mg
MAY REPEAT ALBUTEROL ENROUTE X 1 AS NEEDED

PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

EMT-I85 / AEMT

ADULT: INTUBATE IF INDICATED PER APPLICABLE PROTOCOLS

IV ACCESS
ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,
ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg
PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

ADULT: MEDICATION-ASSISTED INTUBATION IF INDICATED PER PROTOCOL 2G
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)