

RESPIRATORY DISTRESS

I. TREATMENT:

- A. ABC's
- B. Oxygen, 15 liters/minute by non-rebreather mask
- C. Patient will probably want to sit upright. If alert, let the patient choose his most comfortable position.

II. NOTES:

- A. The conscious, dyspneic patient may rapidly deteriorate to respiratory failure or arrest. **PREPARE TO INTERVENE.**
- B. Allergic reactions are frequently responsible for dyspneic episodes, thus inquiry for known allergies must include substances other than medications.
- C. If hyperventilation is suspected and if patient has tingling around mouth or extremities:
 1. Reassure patient
 2. DO NOT utilize paper bag breathing.
- D. If smoke/gas inhalation:
 1. Ensure personal safety.
 2. Remove patient from harmful environment.
 3. Oxygen, 15 liters/minute by non-rebreather mask
- E. If child has evidence of epiglottitis, recent infection, high fever, stridor or quiet crying, drooling, use of accessory muscles:
 1. Allow parent to hold child and reassure the family
 2. Avoid agitating the child.
 3. Have mother administer high flow of oxygen to child.
 4. If child has complete obstruction, provide positive pressure ventilation utilizing the bag/valve mask with reservoir at 15 liters/minute.

- F. Causes of respiratory distress: Asthma, croup and epiglottitis, hyperventilation, pulmonary edema, smoke/toxic gas inhalation, COPD.
- G. If, in visualizing the airway, a dislodged foreign body is seen, carefully attempt to remove it. Do not “blind sweep” the infant airway.