

Shortness of Breath – Wheezes/Other	
ADULT	PEDIATRIC
BLS Procedures	
<p>Administer oxygen as indicated</p> <p>Initiate CPAP/BiPAP for both moderate and severe distress</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 Standing Orders	
<p>Perform Needle Thoracostomy if indicated per VCEMS Policy 715</p> <p>If not already performed by BLS personnel, consider CPAP/BiPAP for both moderate and severe distress</p> <p>Moderate Distress</p> <ul style="list-style-type: none"> • Albuterol <ul style="list-style-type: none"> ○ Nebulizer – 5 mg/6 mL ○ MDI with spacer -4 puffs (360 mcg) is an acceptable alternative to nebulized Albuterol ○ Repeat Albuterol as needed <p>Severe distress</p> <ul style="list-style-type: none"> • 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 q 5 minutes if patient still in distress and unable to obtain vascular access. • Albuterol <ul style="list-style-type: none"> ○ Nebulizer – 5 mg/6 mL <ul style="list-style-type: none"> • Repeat as needed <p>Establish IV/IO access</p> <p>Severe Distress, not improving with prior epinephrine administration</p> <ul style="list-style-type: none"> • Epinephrine 10 mcg/mL <ul style="list-style-type: none"> ○ 1 mL (10 mcg) q 2 minutes, slow IV/IO push ○ Titrate to overall improvement in work of breathing 	<p>Perform Needle Thoracostomy if indicated per VCEMS Policy 715</p> <p>If not already performed by BLS personnel, consider CPAP/BiPAP for both moderate and severe distress</p> <p>Moderate Distress</p> <ul style="list-style-type: none"> • Albuterol <ul style="list-style-type: none"> ○ Patients ≤ 30 kg <ul style="list-style-type: none"> ○ Nebulizer – 2.5 mg/3 mL ○ MDI with spacer -2 puffs (180 mcg) is an acceptable alternative to nebulized Albuterol ○ Patients > 30 kg <ul style="list-style-type: none"> ○ Nebulizer – 5 mg/6 mL ○ MDI with spacer -4 puffs (360 mcg) is an acceptable alternative to nebulized Albuterol ○ Repeat Albuterol as needed <p>Severe Distress</p> <ul style="list-style-type: none"> • Epinephrine 1 mg/mL, if not already administered by BLS personnel <ul style="list-style-type: none"> ○ IM – 0.01 mg/kg up to 0.3mg <ul style="list-style-type: none"> • May repeat q 5 minutes, if patient remains in distress and unable to obtain vascular access. <p>Establish IV/IO access</p> <p>Severe Distress, not improving with prior epinephrine administration</p> <ul style="list-style-type: none"> • Epinephrine 10mcg/mL <ul style="list-style-type: none"> ○ 0.1mL/kg (1mcg/kg) every 2 minutes, slow IV/IO push ○ Max single dose of 1mL or 10mcg ○ Titrate to overall improvement in work of breathing. <p>Suspected Croup- Mild</p> <ul style="list-style-type: none"> • Normal Saline <ul style="list-style-type: none"> ○ Nebulizer/Aerosolized Mask – 5 mL <p>Suspected croup - Severe (stridor or respiratory distress)</p> <ul style="list-style-type: none"> • Nebulized 1 mg/mL Epinephrine <ul style="list-style-type: none"> ○ Patients less than 30 kg <ul style="list-style-type: none"> ○ Nebulizer – 2.5 mg/2.5 mL ○ Patients 30 kg and greater <ul style="list-style-type: none"> ○ Nebulizer – 5 mg/5 mL
Base Hospital Orders Only	
Consult with ED Physician for further treatment measures	
<p>Additional Information:</p> <ul style="list-style-type: none"> • If hypotensive, consider alternative etiologies and refer to additional treatment protocols. • 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. 	

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VCEMS Medical Director