



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
RESPIRATORY DISTRESS (ADULT/ADOLESCENT)

#: BH-M-35
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Date: 10/13/2025

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatment/procedures not initiated prior to base hospital contact.
2. For purposes of this Guideline, respiratory distress is defined as labored breathing, rapid respiratory rate (> 26 breaths/minute), and patient complaint of difficult breathing or inability to "get enough air".
3. Signs of respiratory distress include:
 - Breathing with use of accessory muscles including abdominal breathing.
 - Cyanosis, particularly of lips and facial area.
 - Audible noises of breathing, including rhonchi, rales, and wheezes.
4. Respiratory distress is a symptom associated with multiple medical emergencies. Transport of this category of patients to an ERC for evaluation is essential.

Bilateral basilar rales, suspected congestive heart failure or pulmonary edema:

1. For suspected congestive heart failure or pulmonary edema, consider repeated doses of nitroglycerine:
 - If systolic BP ≥ 100 mm Hg, administer Nitroglycerine 0.4 mg SL, may repeat twice if BP remains ≥ 100 mm Hg. If systolic BP ≥ 150 mm Hg, administer Nitroglycerine 0.8 mg SL, may repeat twice if BP remains ≥ 150 mm Hg (if drops below 150 mm Hg, but remains above 100 mm Hg, continue with 0.4 mg SL dosing).
2. CPAP when available to a maximum of 10 cmH₂O

ALS STANDING ORDER

1. General:
 - Pulse oximetry, if oxygen saturation less than 95% administer one of following based on tolerance or condition:
 - High-flow Oxygen by mask or nasal cannula 6 L/min flow rate if tolerated
 - If history of COPD, Oxygen by nasal cannula 2 liters/minute. Do not withhold oxygen therapy for a COPD patient if severely hypoxic as manifested by struggling to breath and physical respiratory distress (O₂ Sat is unreliable to assess COPD distress in the acute field setting). Treat COPD patients with acute respiratory distress with O₂ and prepare to assist ventilation as needed.
 - Monitor cardiac rhythm
2. In addition to above, if one of the following conditions exists, treat as noted:
Bilateral basilar rales, labored breathing (RR > 20 /min) and suspected congestive heart failure or pulmonary edema:
 - If systolic BP ≥ 100 mm Hg, administer Nitroglycerine 0.4 mg SL, may repeat twice if BP remains ≥ 100 mm Hg.
OR,
If systolic BP ≥ 150 mm Hg, administer Nitroglycerine 0.8 mg SL, may repeat twice if BP remains ≥ 150 mm Hg (if drops below 150 mm Hg, but remains above 100 mm Hg, continue with 0.4 mg SL dosing).
 - CPAP if available as tolerated and if not contraindicated (reference PR-120).
 - 12-lead ECG, if "Acute MI" indicated or a STEMI is suspected based on paramedic interpretation of 12-lead ECG contact Base Hospital for CVRC destination.
 - ALS escort to nearest appropriate ERC.

Approved:

Carl Schultz, MD

Review Dates: 11/16, 04/19, 09/19; 05/21; 08/25
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BASE GUIDELINES

Stridor (if suspected allergic reaction, refer to SO-M-15):

1. For suspected allergic reaction treat according to *SO-M-15/BH-M-15 Allergic Reaction/Anaphylaxis – Adult/Adolescent*

Wheezes, suspected asthma or other forms of bronchospasm, including COPD:

1. For continued wheezing, suspected asthma or other forms of bronchospasm
 - Repeat Albuterol 6 mL (5 mg) continuous nebulization as tolerated.
 - Consider Epinephrine 0.5 mg IM lateral thigh (1 mg/mL preparation) once. If patient has history of cardiac disease, signs of CHF, chest pain, or age > 40 years-old, hold unless authorized by base hospital MD.

Sudden onset of SOB, with/without history of pneumothorax, exhibiting decreased or absent breath sounds on the affected side and suspect a tension pneumothorax:

1. The Base MD may order a *Needle Thoracostomy to be placed on the affected side, refer to PR-60.*

ALS STANDING ORDER

Stridor (if suspected allergic reaction, refer to SO-M-15):

- Place in position of comfort and ALS escort to nearest appropriate ERC.

Wheezes, suspected asthma or other form of bronchospasm, including COPD:

- Albuterol, Continuous nebulization of 6 mL (5 mg) concentration as tolerated. If no improvement, consider BH contact for IM epinephrine order.
- CPAP if available as tolerated and if not contraindicated (reference PR-120).
 - ALS escort to nearest appropriate ERC.

3. If further orders required for patient stabilization, contact Base Hospital.

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