CMG 9 - RESPIRATORY DISTRESS

(Revised: August 2020)

(a) GENERAL APPROACH TO PATIENT IN RESPIRATORY DISTRESS

ICP	Assess the patient carefully for specific causes, and manage as per specific CMG	**AP**
ICP	Supplemental oxygen for hypoxia	**AP**
ICP	Consider bronchodilators. Repeat as required.	**AP**
ICP	If significant hypoxia – CPAP	**AP**

(b) ASTHMA

MILD TO MODERATE		
ICP	Salbutamol	**AP**
ICP	Consider hydrocortisone	

SEVERE TO LIFE THREATENING		
ICP	Salbutamol and ipratropium bromide	**AP**
ICP	Expiratory chest squeezes	**AP**
ICP	Consider IM adrenaline	**AP**
ICP	CPAP or BVM with bronchodilators	**AP**
ICP	For life-threatening respiratory distress, where cardiorespiratory arrest is considered imminent: adrenaline infusion	
ICP	Consider hydrocortisone	
ICP	Be mindful of tension pneumothorax in the deteriorating manually ventilated asthma patient	**AP**

continues over

(c) EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ICP	Salbutamol and ipratropium bromide	**AP**
ICP	Titrate oxygen to maintain SpO2 88-92% - utilise the lowest dosage of oxygen possible	**AP**
ICP	CPAP with bronchodilators	**AP**
ICP	Consider hydrocortisone	

(d) ACUTE POLMONARY OEDEMA

ICP	GTN sublingually	**AP**
ICP	**If LVF, continue as follows:** Sit patient with legs dependent if possible	**AP**
ICP	Treat suspected ACS and/or significant cardiac arrhythmias concurrently	**AP**
ICP	CPAP – increase as required	**AP**
ICP	If wheezing is present, do not give bronchodilators until after the first two doses of GTN	**AP**

(e) HYPERVENTILATION DUE TO ANXIETY

ICP	Reassurance	**AP**
ICP	Fully assess the patient for pathological causes of hyperventilation. **NOTE**: “hyperventilation due to anxiety” is a diagnosis of exclusion. Anxiety may accompany an underlying pathological cause for the hyperventilation. Consider differential diagnosis carefully.	**AP**
ICP	Remove source of anxiety if possible	**AP**
ICP	Monitor SpO_2 and ECG	**AP**
ICP	Check $EtCO_2$	**AP**
ICP	Coach patient to slow breathing	**AP**