

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 SpO ₂ 88-92% - utilise the lowest dosage of oxygen possible	AP
ICP	CPAP with bronchodilators	AP
ICP	Consider hydrocortisone	

(d) ACUTE PULMONARY 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