	MILD to MODERATE	SEVERE to LIFE-THREATENING
LOC	A	V, P or U
PHYSICAL EXHAUSTION (posture, accessory muscles, etc)	no	yes
TALKS IN:	sentences to phrases	words or no speech
HEART RATE	< 120bpm in adults <200bpm in children	> 120bpm in adults > 200bpm in children *Bradycardia is a pre-terminal event*
SpO_2	> 90%	< 90%
SKIN	pink	pale; may be flushed; cyanosis a late sign

(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 (MDI & spacer or nebulised, depending on severity). Repeat as required – ipratropium bromide with every second dose.	**AP**
ICP	If significant hypoxia – CPAP (± bronchodilators)	**AP**

continues over

(b) ASTHMA

MILD TO MODERATE

ICP	**Salbutamol and ipratropium bromide** via MDI and spacer. Consider **nebulised** if no improvement.	AP
ICP	**Hydrocortisone IV / IM** for moderate bronchospasm	

SEVERE TO LIFE THREATENING

ICP	**Nebulised salbutamol and ipratropium bromide** (continuous if no improvement) – ipratropium bromide with every second dose	AP
ICP	**Chest thrusts** (very important for the severe or life-threatening patient)	AP
ICP	Significant hypoxia – **CPAP** (if conscious) with bronchodilators	AP
ICP	Consider **IM adrenaline** – repeat once if required	AP
ICP	For life-threatening bronchospasm, where cardiorespiratory arrest is considered imminent: **adrenaline infusion**	
ICP	**Hydrocortisone IV / IM**	

continues over

(c) PULMONARY OEDEMA

ICP	CPAP – increase as required	**AP**
	If LVF, continue as follows:	
ICP	Sit patient with legs dependent if possible	**AP**
ICP	Treat suspected ACS and/or significant cardiac arrhythmias concurrently	**AP**
ICP	GTN sublingually (repeat after 5 minutes, if required, to a maximum of two doses)	**AP**
ICP	If wheezing is present, do not give bronchodilators until after the first two doses of GTN	**AP**
ICP	Morphine IV: 1 – 2mg (especially if using CPAP and patient is anxious)	**AP**

(d) 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**