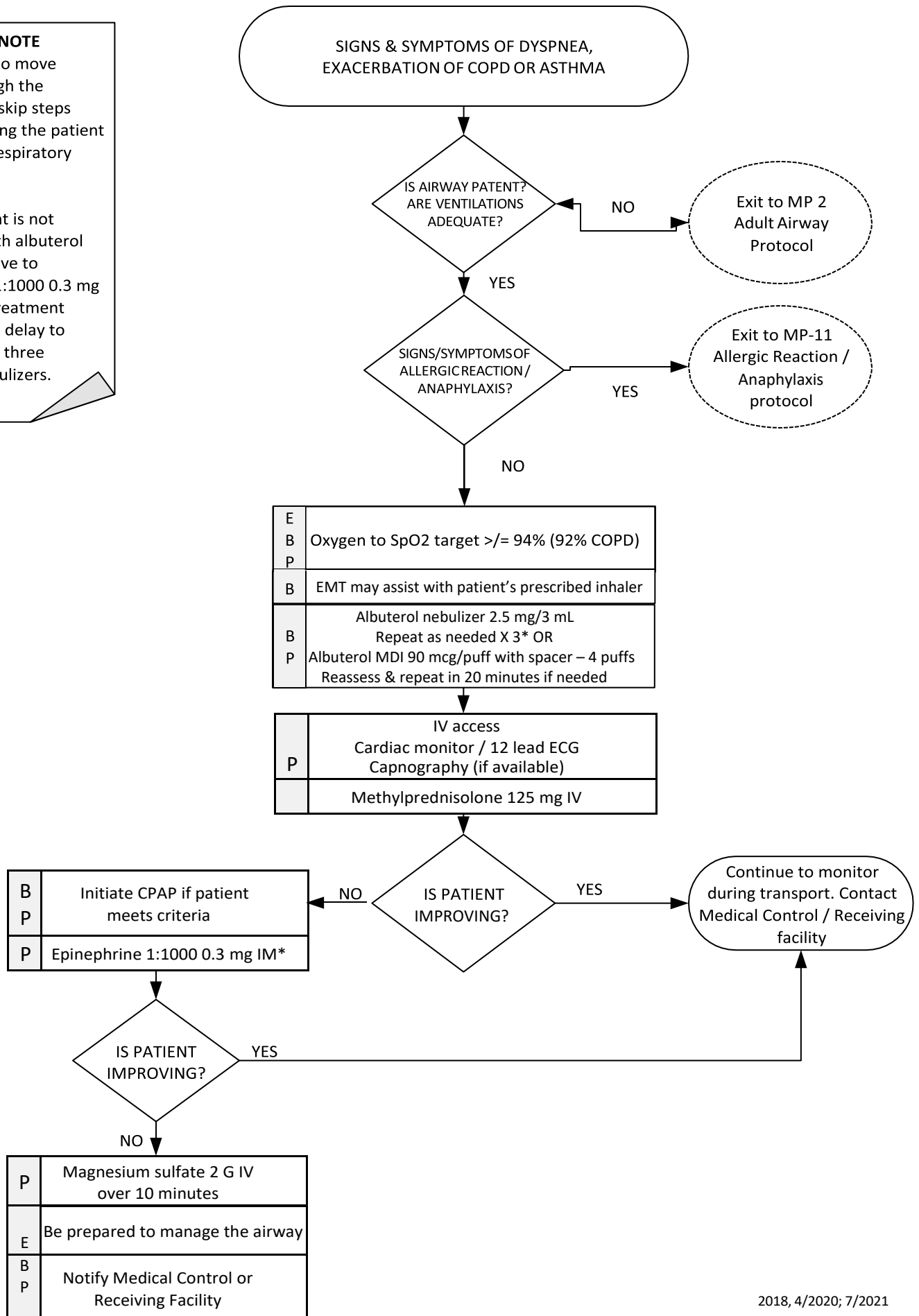


IMPORTANT NOTE

Be prepared to move quickly through the protocol and skip steps when managing the patient with severe respiratory distress.

* If the patient is not improving with albuterol nebulizer, move to epinephrine 1:1000 0.3 mg IM or other treatment quickly. Don't delay to administer all three albuterol nebulizers.



CPAP Protocol AP 26

- Initiate CPAP if respiratory distress and awake & able to follow commands, over age 12 and mask fits, ability to maintain own airway and 2 or more of the following:
- RR > 25/minute
- SpO₂ < 94% at any time
- Use of accessory muscles

MANAGEMENT

- You may need to move quickly through the protocol and skip steps when managing the patient with severe respiratory distress.
- If patient is not improving, consider administration of Epinephrine IM earlier than indicated in the flow chart.

ASSESSMENT

- Pulse oximetry should be monitored continuously.
- ETCO₂ should be monitored if respiratory distress is significant and does not respond to initial nebulized beta agonist.
- A silent chest in respiratory distress is a pre-respiratory arrest sign.

PATIENT POSITIONING

Position the patient as tolerated. Most patients in respiratory distress prefer to sit upright in a semi-Fowlers or Fowlers position.

METERED DOSE INHALER (MDI) WITH SPACER

- Spacer: an add-on device that places some distance between the point of aerosol generation and the patient's mouth. The spacer reduces need for coordination between actuation of the device & inhalation.
- Staff should shake the MDI canister before use.
- Insert the MDI mouthpiece into the end of the spacer device.
- Instruct patient to breathe in, and then breathe out fully.
- Have patient close their lips around the spacer mouthpiece.
- Press the top of the inhaler down to deliver a single puff of medication.
- Have patient take a slow breath in and hold breath for ten seconds.
*
- Remove device from mouth and have patient exhale.

*If patient cannot hold their breath they can use the tidal breathing method where they breathe slowly & steadily in and out 4-5 times for each puff of medication.

POLICY CROSS REFERENCE

MEDICATIONS: Albuterol, Methylprednisolone, Epinephrine 1:1000, Magnesium sulfate
 AP 26 CPAP
 AP 30 METERED DOSE INHALER WITH SPACER
 MP 2 ADULT AIRWAY PROTOCOL
 MP 11 ALLERGIC REACTION / ANAPHYLAXIS