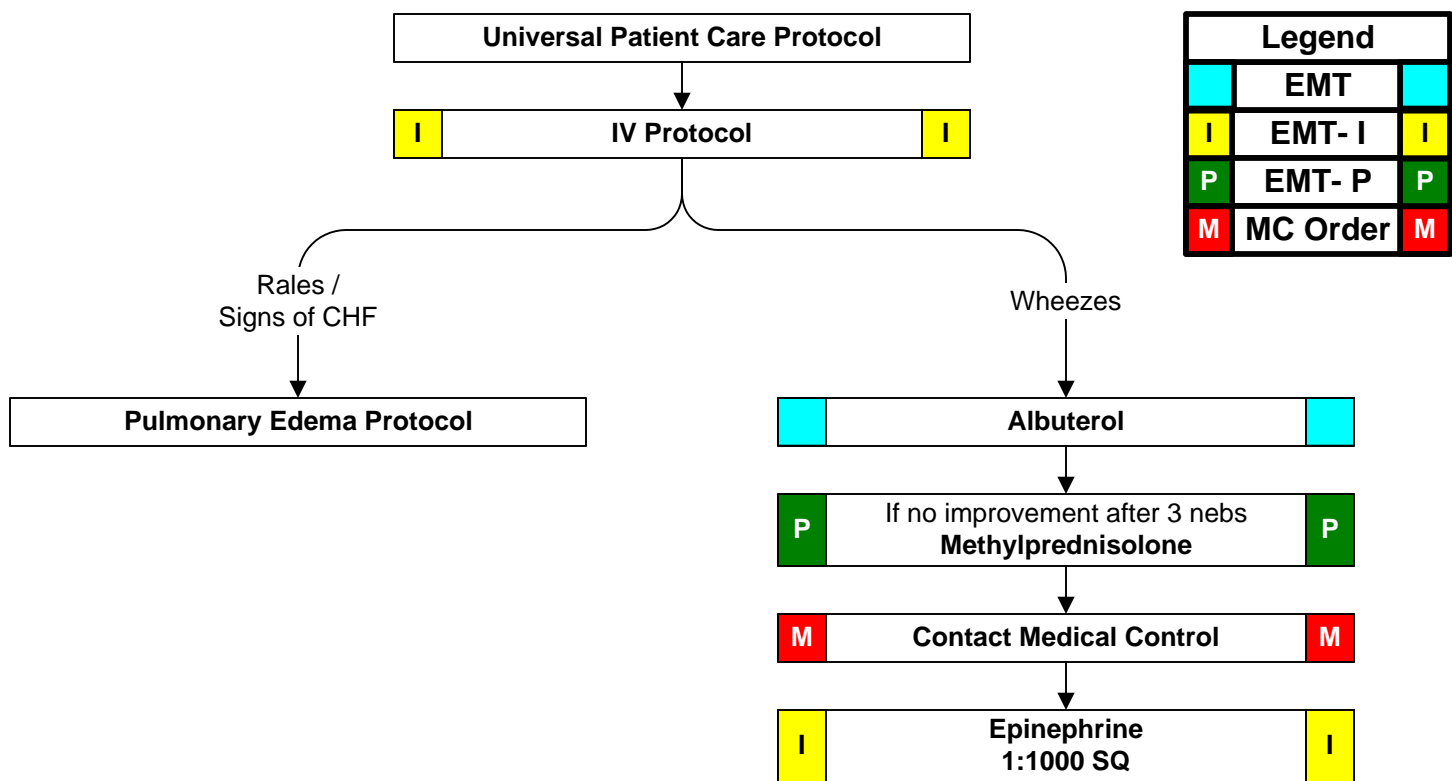




Respiratory Distress



<p>History:</p> <ul style="list-style-type: none"> Asthma; COPD -- chronic bronchitis, emphysema, congestive heart failure Home treatment (oxygen, nebulizer) Medications (theophylline, steroids, inhalers) Toxic exposure, smoke inhalation 	<p>Signs and Symptoms:</p> <ul style="list-style-type: none"> Shortness of breath Pursed lip breathing Decreased ability to speak Increased respiratory rate and effort Wheezing, rhonchi Use of accessory muscles Fever, cough Tachycardia 	<p>Differential:</p> <ul style="list-style-type: none"> Asthma Anaphylaxis Aspiration COPD (Emphysema, Bronchitis) Pleural effusion Pneumonia Pulmonary embolus Pneumothorax Cardiac (MI or CHF) Pericardial tamponade Hyperventilation Inhaled toxin (Carbon monoxide, etc.)
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Pearls:

- Exam: Mental Status, HEENT, Skin, Neck, Heart, Lungs, Abdomen, Extremities, Neuro
- Pulse oximetry should be monitored continuously if initial saturation is < or = 96%, or there is a decline in patients status despite normal pulse oximetry readings.
- Status asthmaticus -- severe prolonged asthma attack unresponsive to therapy -- life threatening!
- Contact Medical Control prior to administering epinephrine in patients who are >50 years of age, have a history of cardiac disease, or if the patient's heart rate is >150. Epinephrine may precipitate cardiac ischemia. A 12-lead ECG should be performed on these patients.**
- A silent chest in respiratory distress is a pre-respiratory arrest sign.