

RESPIRATORY (≥ 14 years old) ADMINISTRATIVE ORDER

Initiate immediate supportive care:

O₂ to maintain sat $\geq 94\%$
Complete primary and secondary survey as indicated
Vital Signs including **Capnography** (FSBG and temperature as indicated)
Cardiac Monitor if indicated
12-Lead ECG if indicated

Inclusion:

- Dyspnea without trauma

CHF History?

YES

No

CHF

If respiratory distress:

- Initiate **CPAP** at 5cm H₂O
 - May increase to 10cm H₂O as needed

- Initiate **IV with NS/LR TKO**

If normotensive, consider saline lock with NS flush
Push all meds slowly

- **12 - Lead ECG**

If SBP ≥ 90 :

- **NTG** 0.4mg SL q5 minutes x 3 doses
 - Check SBP between doses.
 - Hold if SBP < 90

All Patients:

- **Chewable Aspirin** 324mg PO

- **Albuterol + Atrovent SVN**

- May repeat **Albuterol** q5 minutes, max 3 doses (if patient >3 years old)
- Use in conjunction with CPAP as indicated

- Initiate **IV with NS/LR TKO**

If normotensive, consider saline lock with NS flush
Push all meds slowly

- **Methylprednisolone (Solumedrol)** 2mg/kg (max 125mg) IV

If in significant distress, no improvement, or condition deteriorates:

- **Epi** (1mg/1ml) 0.01mg/kg (max 0.5mg) IM

- Hold if ≥ 65 yo, SBP >180 , positive cardiac history, or if pregnant
- May repeat same dose for patients in extremis after 5 minutes

- **Magnesium Sulfate** 25mg/kg (max 2grams) IVPB

- Dilute in 100ml NS bag
- Administer over 15 min
- Stop infusion if hypotension or bradycardia develops

- Consider initiating **CPAP** at 5cm H₂O

- May increase to 10cm H₂O as needed
- Use in conjunction with SVNs

If febrile, consider Sepsis AO

Notification to include:

Respiratory Administrative Order, Disease Process (if known), unit number, patient age, gender, and ETA to receiving facility.
Advise if patient is Unstable.