

Respiratory-Asthma/COPD Administrative Guideline

History

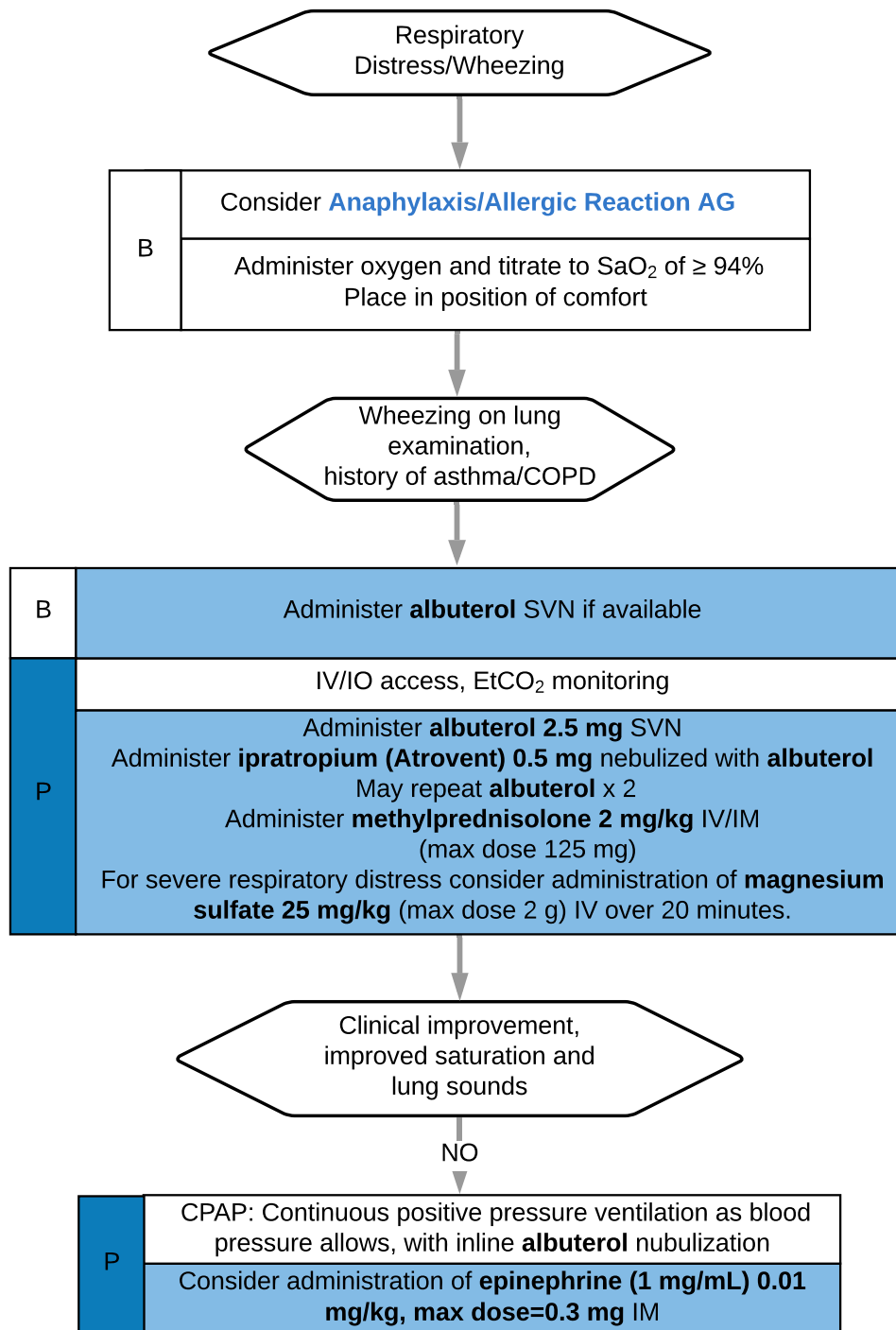
- Asthma; COPD -- chronic bronchitis, emphysema,
- Congestive heart failure
- Home treatment (oxygen, nebulizer)
- Medications (theophylline, steroids, inhalers)
- Toxic exposure, smoke inhalation

Signs and Symptom

- Shortness of breath
- Decreased ability to speak
- Increased work of breathing/accessory muscle use
- Wheezing, rhonchi
- Fever, cough
- Tachycardia

Differential

- Asthma
- Anaphylaxis
- Aspiration
- COPD (Emphysema, Bronchitis)
- Pneumonia
- Pulmonary embolus
- Pneumothorax
- Cardiac (MI or CHF)
- Pericardial tamponade
- Hyperventilation
- Inhaled toxin (Carbon monoxide, etc.)



Education/Pearls

Asthma, COPD, and anaphylaxis are common reactive airway diseases in which inflammation of the airways impedes airflow. The mainstay of treatment includes reducing inflammation, providing oxygenation, and assisting in ventilation. Aerosols, steroids, and magnesium improve air movement by reducing inflammation and relaxing airway musculature. Asthma and COPD may benefit from positive end-expiratory pressure (PEEP), for which non-invasive positive-pressure ventilation (NIPPV) is utilized.

- Pulse oximetry and waveform capnography should be monitored continuously for any patient with respiratory distress.
- NIPPV includes CPAP and BIPAP
 - Should be administered for severe respiratory distress or if not improving with less invasive support
 - Discontinue NIPPV for shock, altered LOC, or vomiting.
 - Supraglottic devices and intubation should be utilized only if bag valve mask ventilation fails.
- Administer epinephrine for suspected allergic reaction/anaphylaxis or impending respiratory failure related to asthma
 - Administer with caution in patients with history of CAD/MI/stents, as epinephrine may precipitate myocardial ischemia in these patients