Respiratory

REFRESHER

RECOGNIZE IT

- Shortness of breath with pursed-lip breathing and decreased ability to speak
- Increased respiratory rate and effort, use of accessory muscles
- Wheezing/rhonchi, fever, cough, tachycardia
- History: asthma, COPD, chronic bronchitis, emphysema, congestive heart failure

ASSESS

- Differential: asthma, anaphylaxis, aspiration, COPD, pleural effusion, pneumonia, pulmonary embolus, pneumothorax
- Also: cardiac (MI or CHF), pericardial tamponade, hyperventilation, inhaled toxin (carbon monoxide)

ACT — FIRST MOVES

1. Treat per the differential — ABCs first
2. If ABCs are not intact, or you have gone through every measure to prevent intubation, move to airway procedures

PEARLS

- A silent chest is a precursor to respiratory arrest
- Caution with PPV or CPAP: may require a prolonged expiratory phase and limited PEEP to avoid hyperinflation — BiPAP over CPAP
- Patients 55+ with cardiac history, on beta-blockers, or with HR 150+ should be cautious with epi administration and receive a 12-lead — but do not delay epi

Take Home Message:

Keep the respiratory differential wide, watch for the silent chest, and don't delay epi while you chase a 12-lead.