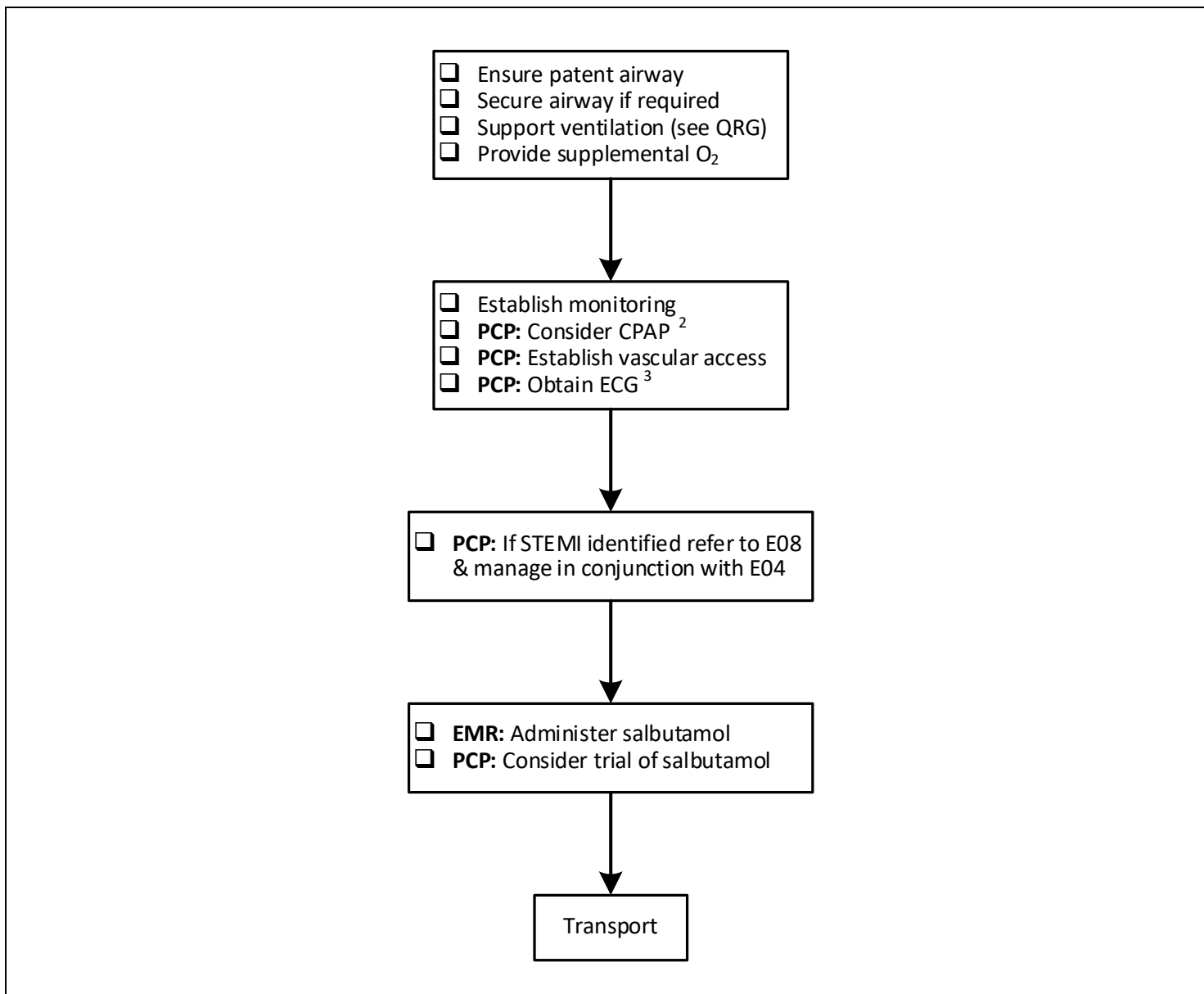
	E09 - RESPIRATORY DISTRESS OF UNKNOWN CAUSE	
	All ages	MEDICAL
Version date: 2024-01-15		Effective date: 2024-02-13 (0700 hrs)



IDENTIFIER:	EMR: EMR	PCP: PCP & ICP	ICP: ICP only	None - All providers
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INDICATIONS

- Patients with acute dyspnea, worsening of chronic dyspnea, respiratory distress, or respiratory failure of unknown cause ¹

CONTRAINDICATIONS

- For patients with dyspnea, respiratory distress, or respiratory failure known or suspected to be due to asthma or chronic obstructive pulmonary disease (COPD) refer to E07
- For patients with acute dyspnea, worsening of chronic dyspnea, respiratory distress, or respiratory failure known or suspected to be due to heart failure refer to E08

NOTES

1. In the absence of arterial blood gas analysis, respiratory failure should be presumed with a pulse oximetry measurement of less than 90% on room air or a capnometry reading of greater than 45 mmHg. Patients with dyspnea or distress can *rapidly* progress to respiratory failure despite adequate initial readings. Continuous monitoring with oximetry, capnometry, electrocardiography and frequent blood pressure measurements is essential.

Agitation in a patient with respiratory distress is assumed to be due to hypoxemia until proven otherwise, while a decrease in level of consciousness may indicate progressing hypercapnia. **DO NOT SEDATE A PATIENT WITH RESPIRATORY DISTRESS OR FAILURE.**
2. Continuous positive airway pressure (CPAP) ventilation is an aerosol generating medical procedure (A09). Extended personal protective equipment (PPE) is required.
 - CPAP ventilation can be performed if the patient has tested negative for COVID that day (by PCR or RAD administered by a health care provider), or the patient's status is unknown but COVID is reasonably not suspected based on circumstances leading up to the event.
 - Do not perform CPAP if the patient has tested positive for COVID within ten days (by PCR or self-administered RAD), or the patient's status is unknown but COVID is suspected based on the patient's clinical presentation, or known exposure.
3. Acute coronary syndrome (ACS) with myocardial ischemia, injury or infarction may present with painless dyspnea, and may not have signs of heart failure.

NOTES	
<ul style="list-style-type: none"> • A09 - AEROSOL GENERATING MEDICAL PROCEDURES • E07 - ASTHMA / COPD 	<ul style="list-style-type: none"> • E08 - ACUTE HEART FAILURE • M15 - SALBUTAMOL

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (REFER TO X05 FOR CHANGE TRACKING)
<ul style="list-style-type: none"> • Known exposure added to COVID suspect