



#### **INDICATIONS**

 Patients with acute dyspnea, worsening of chronic dyspnea, respiratory distress, or respiratory failure of unknown cause <sup>1</sup>

### **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 procedures. Appropriate personnel protective equipment (PPE) is required (A09).
- 3. Acute coronary syndrome (ACS) with myocardial ischemia, injury or infarction may present with painless dyspnea, and may not have signs of heart failure.

## LINKS / REFERENCES

- A09 AEROSOL GENERATING MEDICAL PROCEDURES
- E07 ASTHMA / COPD
- E08 ACUTE HEART FAILURE
- M15 SALBUTAMOL

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# **VERSION CHANGES (REFER TO X05 FOR CHANGE TRACKING)**

 Removal of COVID restrictions and reference to general AGMP protocol for all transmissible respiratory infections