

Dyspnoea & Respiratory Distress

Primary Care

Intermediate Care

Advanced Care

Critical Care

RESPIRATORY DISTRESS

PRIMARY SURVEY

Consider patient positioning

Continuous **Reassurance**

Administer Oxygen if indicated

Consider Secondary / CNS Survey

- Ensure safety of yourself, partner, bystanders and patient.
- If respiratory distress caused by exposure to noxious substance, remove substance or patient if safe to do so.
- Assistance from DFES or other appropriate resource may be required.
- Consider environmental conditions and any irritants that may be the cause of respiratory distress.

Consider: Ventilations

Newborn / Neonate: Newborn Life Support

Cardiac monitoring

Asthma or COPD	Anaphylaxis	Acute Coronary Syndrome	Croup	Choking	Acute Cardiogenic Pulmonary Oedema
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Administer: EpiPen OR Adrenaline

Consider nebulised Adrenaline if indicated

Administer GTN If indicated

Administer Salbutamol if indicated; MDI or nebulised

Administer Ipratropium Bromide if indicated

Asthma: Consider Adrenaline (IM) if indicated

Consider Prednisolone if indicated

Re-evaluate

Monitor closely Record observations
 Stable: Every 10 minutes
 Time Critical: Every 5 minutes.

Time Critical: Transport Priority 1

Patient Stable: Transport Via normal road conditions