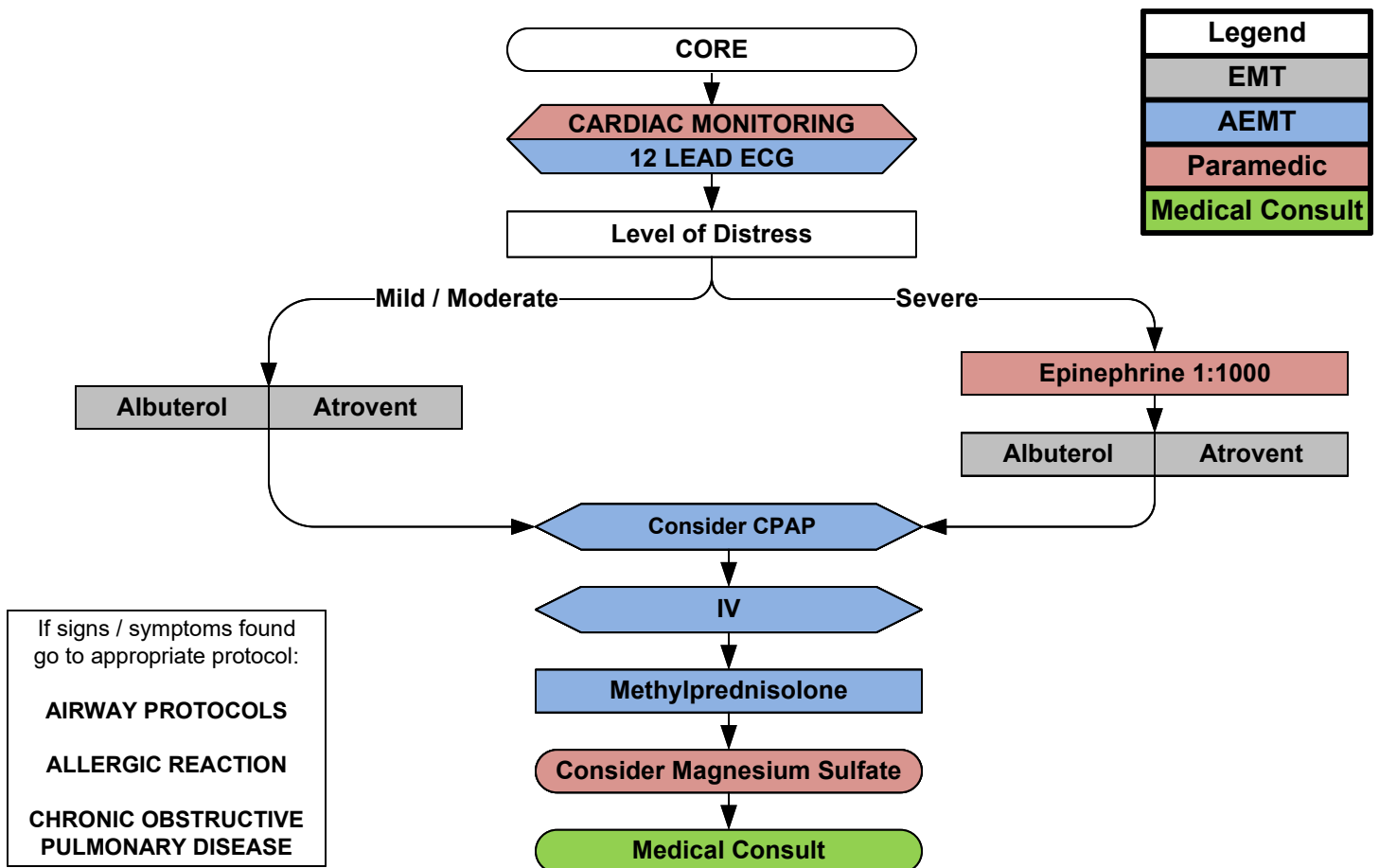


# ASTHMA

|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <b>History:</b> <ul style="list-style-type: none"> <li>○ Asthma</li> <li>○ COPD: chronic bronchitis, emphysema</li> <li>○ Congestive heart failure</li> <li>○ Home treatment (oxygen, nebulizer)</li> <li>○ Medications (Theophylline, steroids, inhalers)</li> <li>○ Toxic exposure, smoke inhalation</li> <li>○ SAMPLE</li> </ul> | <b>Signs and Symptoms:</b> <ul style="list-style-type: none"> <li>○ Shortness of breath</li> <li>○ Pursed lip breathing</li> <li>○ Decreased ability to speak</li> <li>○ Increased respiratory rate and effort</li> <li>○ Wheezing, rhonchi</li> <li>○ Use of accessory muscles</li> <li>○ Fever, cough</li> <li>○ Tachycardia</li> </ul> | <b>Differential:</b> <ul style="list-style-type: none"> <li>○ Asthma</li> <li>○ Anaphylaxis</li> <li>○ Aspiration</li> <li>○ COPD (Emphysema, Bronchitis)</li> <li>○ Pleural Effusion</li> <li>○ Pneumonia</li> <li>○ Pulmonary Embolus</li> <li>○ Pneumothorax</li> <li>○ Cardiac (MI or CHF)</li> <li>○ Pericardial Tamponade</li> <li>○ Hyperventilation</li> <li>○ Inhaled toxin (Carbon Monoxide, etc)</li> </ul> |
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## Pearls:

- WHEN IN DOUBT about the cause of the respiratory distress, support, transport and contact medical control.
- Patients > 50 years of age with a cardiac history, COPD, and/or renal failure should not be given Magnesium Sulfate or Epinephrine without consultation with Medical Control.
- Status asthmaticus -- severe prolonged asthma attack unresponsive to therapy -- life threatening!
- Air Med and CCT medics may use the EMV BiPAP in lieu of CPAP. See **BiPAP EMV procedure**.
- Mild distress is associated with shortness of breath without accessory muscle use. Moderate distress includes wheezing, accessory muscle use and nasal flaring. Severe distress includes little or no movement of air, tripod position, nasal flaring, and diaphoresis.
- Waveform capnography should be used to assist with a differential diagnosis and to evaluate the effectiveness of treatment.