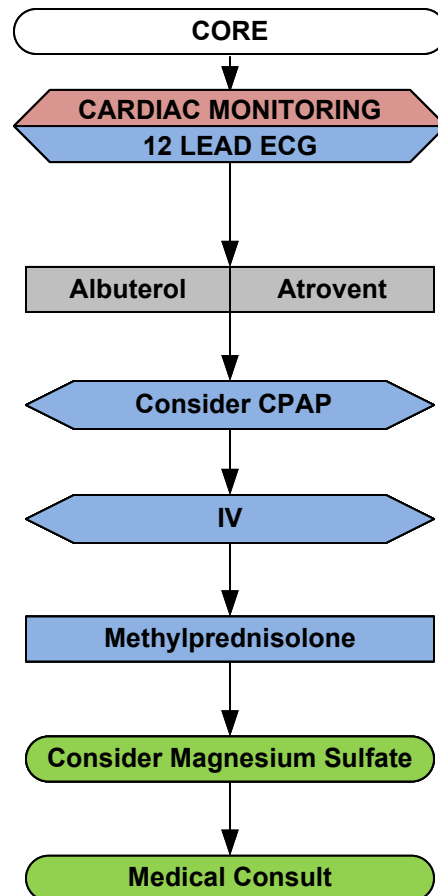


CHRONIC OBSTRUCTIVE PULMONARY DISEASE

History: ○ Asthma ○ COPD: chronic bronchitis, emphysema ○ Congestive heart failure ○ Home treatment (oxygen, nebulizer) ○ Medications (Theophylline, steroids, inhalers) ○ Toxic exposure, smoke inhalation ○ SAMPLE	Signs and Symptoms: ○ Shortness of breath ○ Pursed lip breathing ○ Decreased ability to speak ○ Increased respiratory rate and effort ○ Wheezing, rhonchi ○ Use of accessory muscles ○ Fever, cough ○ Tachycardia	Differential: ○ Asthma ○ Anaphylaxis ○ Aspiration ○ COPD (Emphysema, Bronchitis) ○ Pleural Effusion ○ Pneumonia ○ Pulmonary Embolus ○ Pneumothorax ○ Cardiac (MI or CHF) ○ Pericardial Tamponade ○ Hyperventilation ○ Inhaled toxin (Carbon Monoxide, etc)
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If signs / symptoms found go to appropriate protocol:

AIRWAY PROTOCOLS
ALLERGIC REACTION
ASTHMA



Legend
EMT
AEMT
Paramedic
Medical Consult

Pearls:

- WHEN IN DOUBT about the cause of the respiratory distress, support, transport and contact medical control.
- 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.
- Maintain oxygen saturation 90% for COPD patients and $\geq 94\%$ for all others. Initial oxygen administration for COPD patients should be via nasal cannula unless signs of severe distress are present.