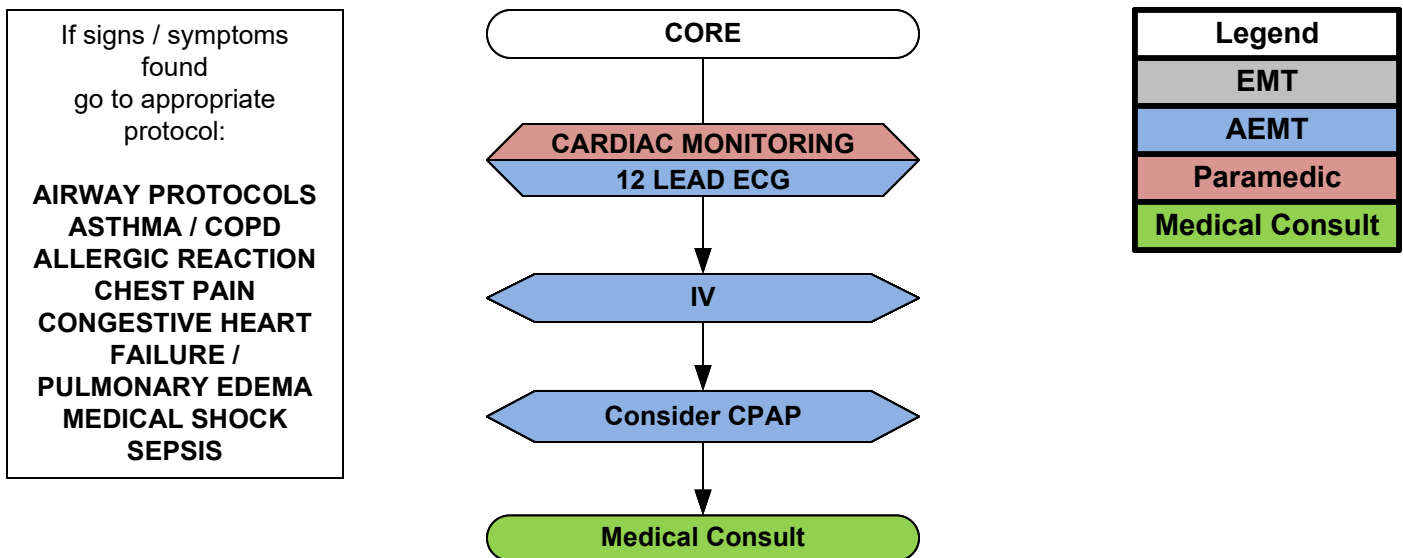


PNEUMONIA

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 ○ Productive cough ○ Fever ○ Pursed lip breathing ○ Decreased ability to speak ○ Increased respiratory rate and effort ○ Wheezing, rhonchi ○ Use of accessory muscles ○ Tachycardia ○ Cyanosis	Differential: ○ Asthma – meds, history ○ COPD (Emphysema, Bronchitis) – meds, history ○ Cardiac (MI or CHF) – meds, history ○ Anaphylaxis – history ○ Aspiration ○ Pleural Effusion ○ Pulmonary Embolus ○ Pneumothorax ○ Pericardial Tamponade ○ Hyperventilation ○ Inhaled toxin (Carbon Monoxide, etc)
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Pearls:

- WHEN IN DOUBT about the cause of the respiratory distress, support, transport and contact medical control.
- No history of asthma or COPD, do not consider B₂ agonist.
- Waveform capnography should be used to assist with a differential diagnosis and to evaluate the effectiveness of treatment.
- Sepsis should be considered for patients presenting with pneumonia. Assess the patient using SIRS or qSOFA criteria.
- Air Med and CCT medics may use the EMV BiPAP in lieu of CPAP. See **BiPAP EMV procedure**.