

R030 COPD

EMT	AEMT
EMT-I	EMT-P

Universal Respiratory Distress Protocol and prepare for immediate transport

Presentation suggests COPD:
Wheezing, prolonged expiratory phase, decreased breath sounds, accessory muscle use

- Therapeutic Goals:**
- Maximize oxygenation
 - Decrease work of breathing
 - Identify cardiac ischemia (obtain 12 lead ECG)
 - Identify complications, e.g. pneumothorax

Give oxygen, check SpO2, start IV and place on monitor

EMT may administer either MDI or nebulized albuterol with base contact for verbal order

Give nebulized albuterol:
May give continuous neb for severe respiratory distress

IV Methylprednisolone treatment effect maximal over hours. In severe exacerbations, it may be given pre-hospital but should not be given for mild attacks responding well to bronchodilators

Is response to treatment adequate?

YES

NO

- Reassess for pneumothorax
- Consider alternative diagnoses, including cardiac disease
- Consider CPAP if severe distress
- **Give IV Methylprednisolone**
- Assist ventilations with BVM as needed
- Consider advanced airway if CPAP contraindicated or not available

CPAP may be very helpful in severe COPD exacerbation; however these patients are at increased risk of complications of CPAP such as hypertension and pneumothorax. Cardiopulmonary monitoring is mandatory.

- Obtain ECG: Rule out unstable rhythm, ACS

- Continue cardiac monitoring, SPO2 and ETCO2
- Be prepared to assist ventilations as needed
- Contact base for medical consult as needed

- Special notes:**
- Correct Hypoxia: do not withhold maximum oxygen for fear of CO2 retention
 - Consider pulmonary and non-pulmonary causes of respiratory distress: Examples: pulmonary embolism, pneumonia, pulmonary edema, anaphylaxis, heart attack, pneumothorax, sepsis, metabolic acidosis (e.g. DKA) anxiety
 - Patients with COPD are older and have co-morbidities, including heart disease
 - Wheezing may be a presentation of pulmonary edema, "Cardiac Asthma"
 - Common Triggers for COPD exacerbations include: Infection, dysrhythmia (e.g. a-Fib) myocardial ischemia