Managing *Respiratory* Emergencies

• Airway Positioning • Suction as needed	• Oxygen • Pulse Oximetry	• ECG Monitor as needed • BLS as indicated

Upper Airway Obstruction

Stridor, Snoring, Retractions

Croup	Anaphylaxis	Aspiration FB
• Table 31 pp 128 • Nebulized Epinephrine • Corticosteroids	• Table 32 pp129 • IM Epinephrine • Albuterol • Antihistamines • Corticosteroids	• Table 33 pp 130 • Position of comfort • Specialty Consultation

Lower Airway Obstruction

Prolonged Expiratory Phase, Wheezing

Bronchiolitis	Asthma
• Nasal Suctioning • Consider Bronchodilators	• Table 34 pp 132 for severity • Albuterol ± Ipratropium • Corticosteroids • IM Epinephrine • Terbutaline

Lung Tissue Disease

Crackles

Pneumonia / Pneumonitis Infectious, chemical. aspiration	Pulmonary Edema Cardiogenic or Noncardiogenic (ARDS)
• Antibiotics (PRN) • Albuterol (PRN) • Consider Invasive or noninvasive support with PEEP	• Consider Diuretics • Consider Vasoactive support • Consider Invasive or noninvasive support with PEEP

Disordered Control of Breathing

Abnormal Respiratory Patterns / Ineffective Ventilation

Increased ICP	Poisoning / Overdose	Neuromuscular Disease
• Avoid hypoxemia • Avoid Hypercarbia • Avoid Hyperthermia • Avoid Hypotension	• Antidote (if available) • Contact Poison Control	• Consider Invasive or noninvasive support