

# Summary: Managing Respiratory Emergencies

This section summarizes general management of respiratory emergencies and specific management by etiology. This summary does not include all respiratory emergencies but provides key management strategies for a limited number of diseases.

## General Management for Respiratory Emergencies

- Airway positioning
- Suction as needed
- Oxygen
- Pulse oximetry
- ECG monitor as indicated
- BLS as indicated

## Specific Management for Selected Conditions

### *Upper Airway Obstruction*

- Croup
  - Nebulized epinephrine
  - Corticosteroids
- Anaphylaxis
  - IM epinephrine (or autoinjector)
  - Albuterol
  - Antihistamines
  - Corticosteroids
- Aspiration of foreign body
  - Allow position of comfort
  - Specialty consultation

### *Lower Airway Obstruction*

- Bronchiolitis
  - Nasal suctioning
  - Consider bronchodilator trial
- Asthma
  - Albuterol ± ipratropium
  - Corticosteroids
  - Magnesium sulfate
  - IM epinephrine (if severe)
  - Terbutaline

### *Lung Tissue Disease*

- Pneumonia/pneumonitis (infectious, chemical, aspiration)
  - Albuterol
  - Antibiotics (as indicated)
  - Consider noninvasive or invasive ventilatory support with PEEP
- Pulmonary edema (cardiogenic or noncardiogenic [ARDS])
  - Consider noninvasive or invasive ventilatory support with PEEP
  - Consider vasoactive support
  - Consider diuretic

### ***Disordered Control of Breathing***

- Increased ICP
  - Avoid hypoxemia
  - Avoid hypercarbia
  - Avoid hyperthermia
  - Avoid hypotension

### ***Poisoning/Overdose***

- Noninvasive or invasive ventilatory support as needed
- Antidote (if available)
- Contact poison control

### ***Neuromuscular Disease***

Consider noninvasive or invasive ventilatory support.