

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.