

Managing Respiratory Emergencies Flowchart

Managing respiratory emergencies flowchart		
<ul style="list-style-type: none">• Airway positioning• Suction as needed	<ul style="list-style-type: none">• Oxygen• Pulse oximetry	<ul style="list-style-type: none">• ECG monitor as indicated• BLS as indicated
Upper airway obstruction		
Specific management for selected conditions		
Croup	Anaphylaxis	Aspiration foreign body
<ul style="list-style-type: none">• Nebulized epinephrine• Corticosteroids	<ul style="list-style-type: none">• IM epinephrine (or autoinjector)• Albuterol• Antihistamines• Corticosteroids	<ul style="list-style-type: none">• Allow position of comfort• Specialty consultation
Lower airway obstruction		
Specific management for selected conditions		
Bronchiolitis	Asthma	
<ul style="list-style-type: none">• Nasal suctioning• Consider bronchodilator trial	<ul style="list-style-type: none">• Albuterol ± ipratropium• Corticosteroids• Magnesium sulfate• IM epinephrine (if severe)• Terbutaline	
Lung tissue disease		
Specific management for selected conditions		
Pneumonia/pneumonitis Infectious, chemical, aspiration	Pulmonary edema Cardiogenic or noncardiogenic (ARDS)	
<ul style="list-style-type: none">• Albuterol• Antibiotics (as indicated)• Consider noninvasive or invasive ventilatory support with PEEP	<ul style="list-style-type: none">• Consider noninvasive or invasive ventilatory support with PEEP• Consider vasoactive support• Consider diuretic	
Disordered control of breathing		
Specific management for selected conditions		
Increased ICP	Poisoning/overdose	Neuromuscular disease
<ul style="list-style-type: none">• Avoid hypoxemia• Avoid hypercarbia• Avoid hyperthermia• Avoid hypotension	<ul style="list-style-type: none">• Antidote (if available)• Contact poison control	<ul style="list-style-type: none">• Consider noninvasive or invasive ventilatory support