

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