Respiratory Emergencies
Scans

- CPAP
- Prescribed Inhaler – Patient Assessment and Management
- Prescribed Inhaler
- Small Volume Nebulizer (SVN) – Patient Assessment and Management
CPAP
(1) Assess the patient and ensure that he meets the criteria for CPAP.
(2) Explain the device to the patient. The mask and snug seal may initially cause the patient to feel smothered and anxious.
(3) Apply the mask to the patient's face. Continue to calm and reassure the patient.
(4) Use settings as defined in your protocols.
(5) Reassess and monitor the patient.
(6) Discontinue CPAP and ventilate the patient if breathing becomes inadequate.
Prescribed Inhaler – Patient Assessment and Management
(1) The patient has the indications for use of an inhaler: signs and symptoms of breathing difficulty and an inhaler prescribed by a physician.
(2) Contact medical direction and obtain an order to assist the patient with the prescribed inhaler.

(3) Ensure the five “rights”:
- Right patient
- Right time
- Right medication
- Right dose
- Right route
(4) Coach the patient in the use of an inhaler. Tell him he should exhale deeply, press the inhaler to activate the spray, inhale, and hold his breath in so medication can be absorbed. Check the expiration date, shake the inhaler, make sure the inhaler is room temperature or warmer, and make sure the patient is alert.
(5) After use of the inhaler, reassess the patient: take vital signs, perform a focused exam, and determine if breathing is adequate.
Prescribed Inhaler
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Small Volume Nebulizer (SVN) – Patient Assessment and Management
(1) Identify the patient as a candidate for nebulized medication per protocol (e.g., history of asthma with respiratory distress). Administer oxygen and assess vital signs. Be sure the patient is not allergic to the medication.
(2) Obtain permission from medical direction to administer or assist with the medication.
(3) Ensure the five rights (right patient, right time, right medication, right dose, right route). Prepare the nebulizer. Put the liquid medication in the chamber. Attach the oxygen tubing and set the oxygen flow for 6 to 8 liters per minute (or according to manufacturer's recommendations).
(4) Have the patient seal his lips around the mouthpiece and breathe deeply. Instruct the patient to hold his breath for 2 to 3 seconds if possible. Continue until the medication is gone from the chamber.
(5) Use an alternative device—a mask delivers the medication.
(6) Reassess the patient's level of distress and vital signs. Additional doses may be authorized by medical direction if the patient continues to be in distress and the patient is not having adverse effects from the medication.