



Emergency First Responder

Respiratory Emergencies



Objectives

By the end of this session you should be able to:

- Manage the care of a patient with a respiratory emergency



Inadequate Breathing

- Laboured or difficult breathing
- Feeling of suffocation
- Audible breathing sounds
- Increased or decreased breathing rate
- Abnormal skin colour especially lips and nail bed
- Confused
- Flaring of nostrils
- Numbness or tingling in hands and feet
- Decreased LOC or unconsciousness



Care Management

- Scene size up
- Standard precautions
- Request further help
- Maintain an open airway
- Administer Oxygen
- Keep patient at rest
- Provide psychological support
- Treat any other injuries



Respiratory Arrest

- What is it?
- The cessation of breathing movement in a patient
- How do you recognise it?
- Absence of any breathing movement in the patient



Respiratory Arrest

- Why do we consider it serious?
- If a patient cannot breathe or is not breathing death is inevitable
- Cardiac arrest will follow shortly after respiratory arrest if the patient is not ventilated





Airway Obstruction



- Tongue
- Foreign body
 - Food
 - Vomit
- Facial injuries
 - Teeth
 - Blood
- Soft tissue swelling
- Blunt trauma to the neck

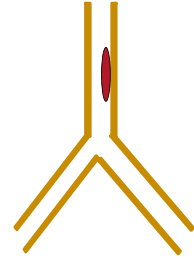


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Partial Airway Obstruction

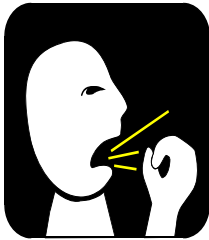
- Patient remains responsive
- May be able to speak
 - Forceful
 - Weak
- Can cough
 - Forceful
 - Weak
- May be wheezing between coughs
- Possibly cyanotic



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Partial Obstruction Treatment



- Encourage coughing
- If the cough becomes weak and ineffective treat as a complete obstruction

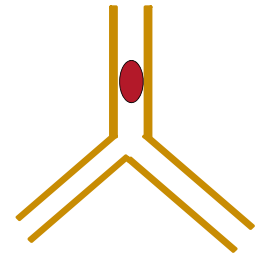


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Complete Airway Obstruction

- No air can be exchanged
- Patient will be unable to
 - Speak
 - Breathe
 - Cough
- Patient may clutch at the throat
- Death will follow rapidly if prompt action is not taken



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Complete Airway Obstruction

- To determine if there is a complete blockage ask the patient:

- Can you cough?
- Can you speak?
- Can you breathe?
- Are you choking?



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Adult Complete Obstruction

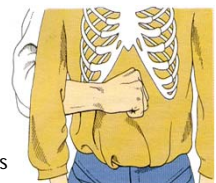


Five back slaps

Followed by

Five abdominal thrust

Repeat until object removed or unconscious



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Adult Complete Obstruction

- Call for help
- Open airway
- Check mouth
- Attempt one breath
- Unsuccessful reposition head and attempt breath again
- Thirty chest compressions
- Repeat until object removed or help arrives

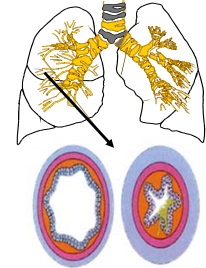


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Asthma

- Recurrent, reversible airway obstruction
 - Muscle spasm of the air passages
 - Swelling of the lining of the air passages
- Trigger Factors
 - Allergies
 - Infections
 - Exercise



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Acute Asthmatic Recognition

- Breathing
 - Difficult
 - Increased rate
- Wheezing
- Coughing
- Difficulty speaking
- Pulse - rapid
- Cyanosis
- Anxiety & Confusion
- Unresponsiveness



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Acute Asthmatic Treatment

- Perform scene size up
- Perform initial assessment
 - Administer oxygen
- Reassure
- Sit up
- Take their own inhaler
 - "Blue reliever"
- Hospital
 - Getting worse
 - No relief with inhaler after 5 minutes



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Assisted Ventilations

- If the patient has inadequate or no breathing.....
-Provide assisted ventilations at the rate of one ventilation every five seconds using supplemental oxygen, if available



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Summary

- Inadequate breathing
 - Signs & Symptoms
 - Care Management
- Respiratory Arrest
- Importance of Airway & Ventilation skills
- Adult airway obstruction
 - Partial or Complete



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