

# DYSPNEA

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what is

DYSPNEA





dysp·ne·a

/disp'neə/

*noun*

**MEDICINE**

difficult or labored breathing.

# Many causes of dyspnea

- Asthma
- Altitude
- Pneumonia
- Heart failure
- Foreign body airway obstruction
- Allergic reactions
- Anemia
- Carbon monoxide poisoning
- Hypotension
- Pulmonary embolism (blood clot in lung)
- Pneumothorax (collapsed lung)
- Hiatal hernia
- Pulmonary fibrosis
- Anxiety

Etc., etc...

**Treatment will depend on  
the cause, but...**

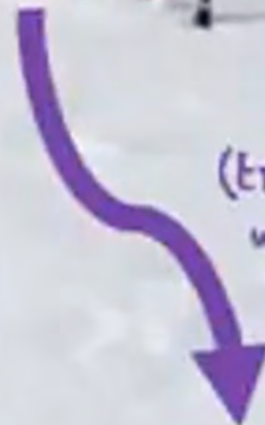
*We don't always know what's causing what we're seeing!*

# TWO TRACKS

TREATMENT  
(treating what we see in  
front of us)



DIAGNOSIS  
(trying to figure out  
what we're seeing)



## THE EMS CALL:

01:53 - Ambulance request to [an address 3 miles from the station/hospital] by a calling citizen who states there is a patient who "needs an ambulance because he is having a really hard time breathing."

*No other dispatch info available about patient condition*

What are you thinking  
on the way to the call?



## ASSESSMENT :

Time	BP	Limb	Pulse	Rhythm	Resp	Effort	SpO2
02:10:00	/		105		28		79
02:17:00	119 / 73		114		28		89

- A- Patient A&Ox4. Airway is patent. Breathing is labored at 28 breaths per minute. Circulation is intact. When assessing patient and asking if he is in pain in certain areas of his body patient just tilts his head back and unable to nod yes or no to questions. Patient spoke in 2 word sentences, but unable to complete his sentence. Use of accessory abdominal and neck muscles to breathe. Audible congestion and wheezing is heard without a stethoscope.



## THE PATIENT:

- 48 y/o male sitting supine on the floor of the living room in obvious respiratory distress. Audible congestion is heard. Patient is using accessory muscles to breathe from his abdomen and neck. Patient is unable to speak and just grunts when we ask questions

uh-oh...

## (A LITTLE) HISTORY:

- Patient's aunt states:
  - He started to have a hard time breathing earlier in the evening and throughout the night.
  - He has been on the floor most of the night and now unable to get up
  - One month ago he was hospitalized for "his lungs and heart"
  - She knows he takes insulin and other medications, but not sure what

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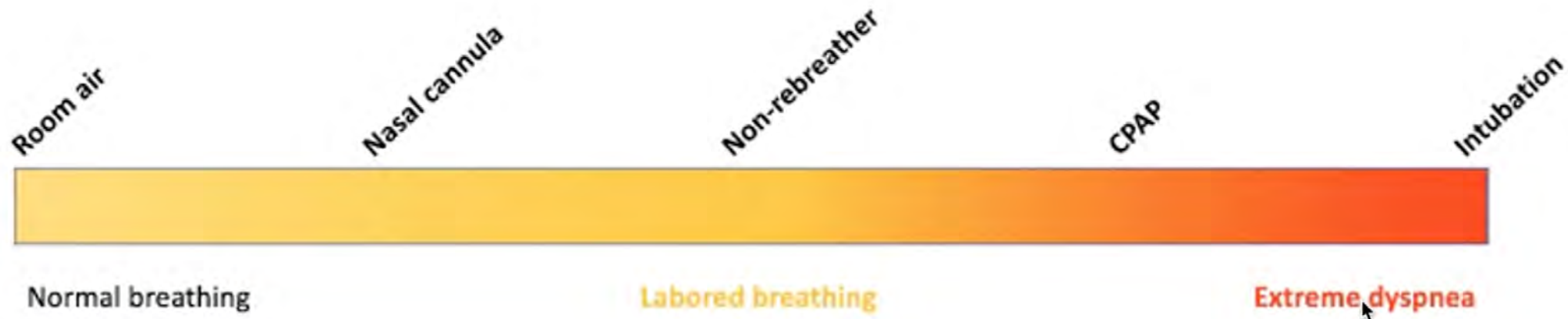
**WHAT DO YOU WANT TO DO?**



O<sub>2</sub>+



# OXYGENATION/VENTILATION SPECTRUM





Wheezing

Albuterol & ipratropium?  
Steroids?

Rales

Sublingual nitroglycerin?  
Norepi/Epi drip?

Rhonchi


Fluids?

NOTHING on one side?

Decompression?

Not our patient's lung sounds,  
but recording of what they  
probably sounded like:



A landscape photograph showing a hazy, misty scene. The sky is filled with a soft, golden light from a sun that is partially obscured by a layer of mist or clouds. The ground below is dark and indistinct, suggesting a forest or a field covered in fog. The overall mood is serene and somewhat melancholic.

Sometimes it's just not that clear



## CASE IN POINT/FOLLOW UP

- Patient was transferred out of the local ED by an ALS crew several hours later to an ICU at a receiving center 150 miles away

- ✓ BPAP (Bilevel Positive Airway Pressure)
- ✓ Inspiratory positive airway pressure (IPAP): 12 cm H<sub>2</sub>O
- ✓ Expiratory positive airway pressure (EPAP): 5 cm H<sub>2</sub>O
- ✓ FiO<sub>2</sub> 45%

✓ Nitroglycerin

✓ Nitroglycerin

✓ Lasix

✓ Lasix

✓ Dexamethasone

✓ Duo neb

✓ Ativan

✓ Ativan

✓ Ativan

CHF/pulmonary edema?

COPD/Asthma exacerbation?

# DYSPNEA is difficult

...but if you treat what you see, and look for the causes of what you're seeing, your "oxygen plus" method will work for you and your patient

# Questions?

