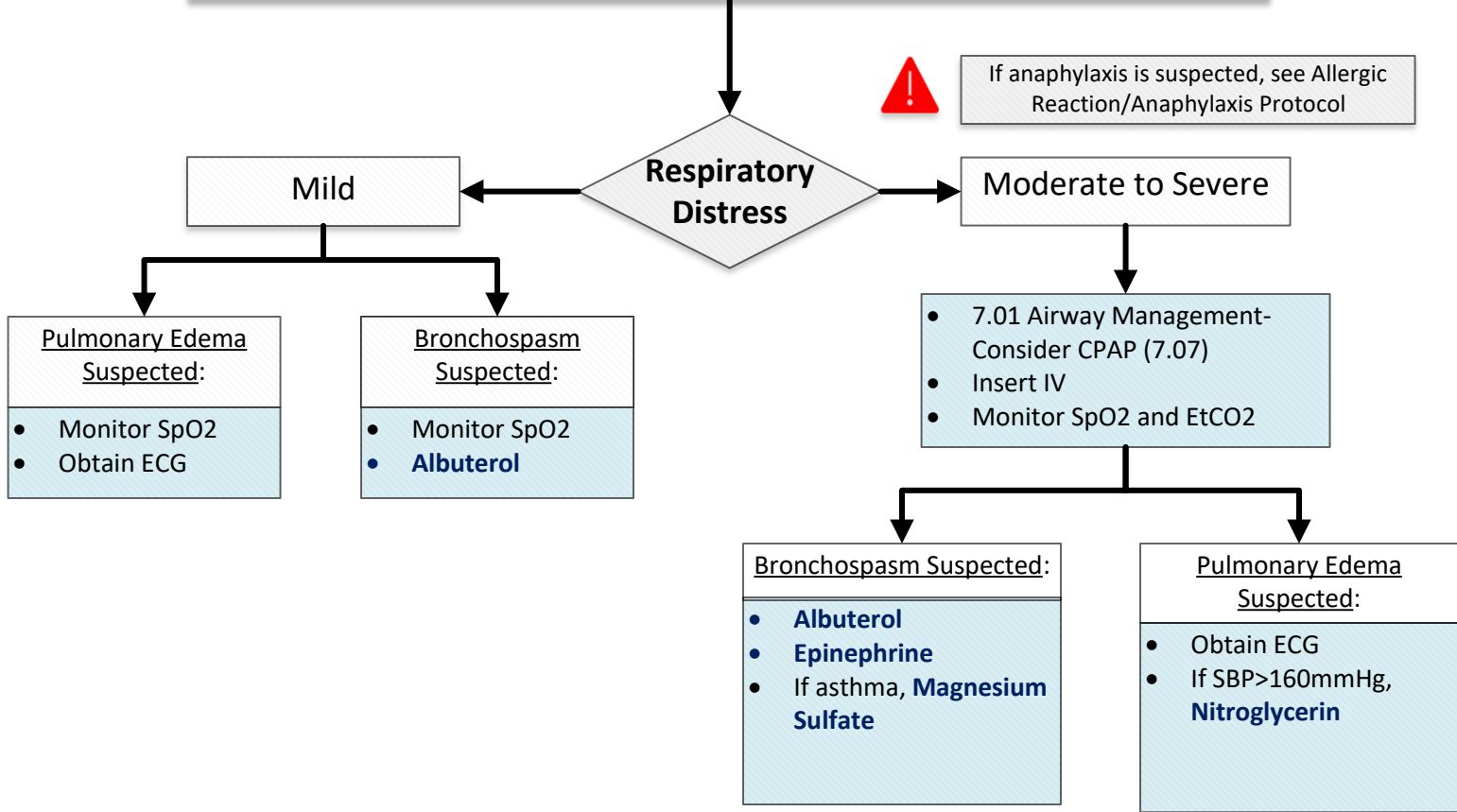




ALS

- Assess ABC's, vital signs, **Oxygen** PRN (goal >94%)
- Obtain history including:
 - Onset of symptoms
 - Concurrent symptoms (e.g. fever cough)
 - Recent hospitalizations
 - Treatments prior to EMS (e.g. nebulizer, recent steroids etc.)
- Perform exam including:
 - Breath sounds (e.g. wheeze, crackles, rhonchi, diminished)
 - Skin color (e.g. pallor, cyanosis, mottling)
 - Work of breathing (e.g. retractions, accessory muscle use, nasal flaring, anxiety)
 - Mental status (e.g. alert, tired, lethargic, unresponsive)



Comments

- For patients with known COPD, permissive hypoxia with an SpO2 >88% is appropriate. Hyperoxygenation in COPD patients can be harmful
- **Children <2 years** of age with suspected bronchiolitis can be treated with nasal suction
- Consider checking blood glucose to rule out metabolic causes of tachypnea, such as diabetic ketoacidosis