



Clinical Practice Guidelines: Respiratory/Dyspnoea

Policy code	CPG_RE_DY_0416
Date	April, 2016
Purpose	To ensure consistent management of patients with dyspnoea.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
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Review date	April, 2019
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
URL	https://ambulance.qld.gov.au/clinical.html

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Dyspnoea is a subjective feeling, described as ‘shortness of breath’, but it also implies a sense of discomfort, with breathing having become a conscious effort.^[1]

There are **five main** causes of dyspnoea:

- neurological
- airway obstruction
- respiratory compromise
- cardiovascular compromise
- thoracic musculoskeletal compromise.

Whenever possible, determine and treat the cause of the dyspnoea.

Clinical features



General

- Abnormal respiratory rate or pattern
- Difficulty in speaking or a change in tone
- Diminished air entry or abnormal respiratory sounds
- Flaring nostrils, accessory muscle use, tracheal tug, intercostal or supraclavicular retractions, tripodding.

Obstruction

- Inspiratory stridor (FB or tissue oedema)
- Snoring due to soft tissue collapse
- Gurgling due to fluids in upper airway
- Drooling, or a difficulty/inability to swallow due to soft tissue oedema



Clinical features (cont.)

Signs

- Expiratory (or inspiratory) wheeze, crackles
- Pursing of lips
- Hyperinflated chest
- Silent chest



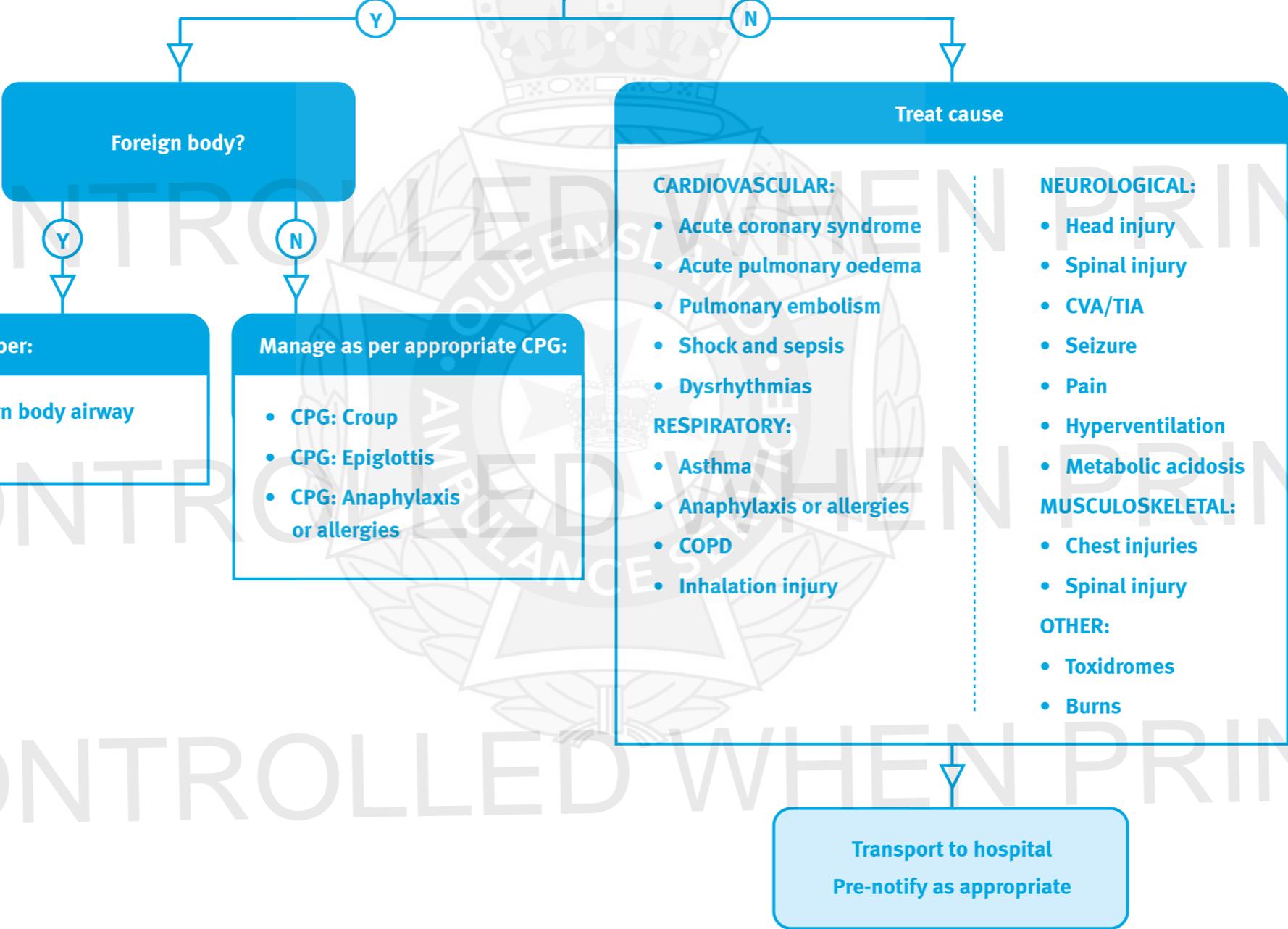
Risk assessment

- ACS can manifest as dyspnoea and may be the only indication of an AMI, therefore the need for a 12-Lead ECG should be considered.^[2]
- Oedematous upper airway obstructions of rapid onset and any airway obstruction due to neck trauma have a high potential to evolve into complete airway obstruction.^[2] Neck trauma can cause rapid oedema and complete airway obstruction, therefore rapid transport to definitive care is essential.
- Partial upper airway obstruction may progress to complete obstruction. Limit interventions to only those essential to maintain adequate oxygenation, calm the patient and transport rapidly to more skilled care; always prepare for the management of a complete obstruction.
- Oxygen is the treatment for hypoxia not breathlessness.

CPG: Clinician safety
CPG: Standard cares

Airway obstruction

Note: Clinicians are only to perform procedures for which they have received specific training and authorisation by the OAS.



- Treat cause**
- CARDIOVASCULAR:**
 - Acute coronary syndrome
 - Acute pulmonary oedema
 - Pulmonary embolism
 - Shock and sepsis
 - Dysrhythmias
 - RESPIRATORY:**
 - Asthma
 - Anaphylaxis or allergies
 - COPD
 - Inhalation injury
 - NEUROLOGICAL:**
 - Head injury
 - Spinal injury
 - CVA/TIA
 - Seizure
 - Pain
 - MUSCULOSKELETAL:**
 - Chest injuries
 - Spinal injury
 - OTHER:**
 - Toxidromes
 - Burns