Clinical Practice Guidelines:  
Respiratory/Dyspnoea

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<tr>
<th>Date</th>
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<td>Purpose</td>
<td>To ensure consistent management of patients with Dyspnoea.</td>
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<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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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 (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.
Note: Officers are only to perform procedures for which they have received specific training and authorisation by the QAS.

Airway obstruction?

Y

Foreign body?

Y

Manage as per:
- CPG: Airway obstruction (foreign body)

N

Manage as per:
- CPG: Croup
- CPG: Epiglottis
- CPG: Anaphylaxis or allergies

Treat cause

Cardiovascular:
- Acute coronary syndrome
- Acute pulmonary oedema
- Pulmonary embolism
- Shock & sepsis
- Dysrhythmias

Neurological:
- Head injury
- Spinal injury
- CVA/TIA
- Seizure
- Pain
- Hyperventilation
- Metabolic acidosis

Respiratory:
- Asthma
- Anaphylaxis or allergies
- COPD
- Inhalation injury

Musculoskeletal:
- Chest injuries
- Spinal injury

Other:
- Toxidromes
- Burns

Transport to hospital
Pre-notify as appropriate