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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, tripoding.

#### 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.
Airway obstruction

Consider:

CARDIOVASCULAR:
- Acute coronary syndrome
- Acute pulmonary oedema
- Pulmonary embolism
- Shock and sepsis
- Dysrhythmias

RESPIRATORY:
- Asthma
- Anaphylaxis or allergies

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

MUSCULOSKELETAL:
- Chest injury
- Spinal injury

OTHER:
- Toxidromes
- Burns

Transport to hospital
Pre-notify as appropriate

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

Foreign body?

Manage as per:
- CPG: Foreign body airway obstruction

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