

## Shortness of breath

If severe respiratory distress ie any of the following:

- **Poor respiratory effort / exhaustion / decreased GCS**
- **SpO<sub>2</sub> <90%**
- **RR >25/min**

Commence 15L O<sub>2</sub>,  
alert senior Dr &  
consider transfer  
to resus

- 1) Fully undress, apply a gown and wrist band
- 2) Record vital signs: BP, HR, RR, SpO<sub>2</sub>, Temp, GCS, BM  
Commence Observation Chart and Early Warning Score - Follow ED Escalation Plan
- 3) If SpO<sub>2</sub> < 94% with **NO** history of COPD apply 15 litres O<sub>2</sub> - need **ABG WITHIN 1 hr.**  
If **history of COPD**, ask Senior Doctor to prescribe O<sub>2</sub> aiming for sats of 88-92%.  
All COPD patients on oxygen need an **ABG AS SOON AS POSSIBLE** post arrival.
- 4) If signs of **severe sepsis** discuss with Senior Doctor - give antibiotics early and consider transfer to resus
- 5) Perform ECG and Doctor review
- 6) If the patient has a history of **Asthma** print asthma pathway & record **PEFR**  
If **PEFR** is <50% of best or predicted (if unsure of usual PEFR - see reverse) give **PGD Salbutamol nebuliser**
- 7) The following patients may warrant a **CXR** being arranged from IAU. Seek a doctor to examine the patients' chest and arrange as needed:
  - **ALL exacerbations of COPD**
  - Patients with ? **pneumothorax** (? Chest wall trauma / previous pneumothorax)
  - Patients with ? **pneumonia** (Pleuritic pain, productive cough, fever)
  - Patients with ? **LVF** (SOB worse lying flat, cardiac history)
- 8) Only **cannulate** and complete **VIPS** if ? pneumonia or ? septic
- 9) Take **bloods**: FBC, UE  
If ? **Pneumonia** add LFT, CRP, VBG, Blood Cultures.  
**NOTE** - If ? **PE** (unilateral leg swelling, recent travel/immobilisation/surgery/active cancer, haemoptysis, pleuritic pain) - request doctor review in IAU. Doctor should request d-dimer as appropriate via NOTIS PE pathway.  
**Please DO NOT request d-dimer without dr review**
- 10) Request old notes if pt has COPD

*Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS*

## Predicted normal PEF (EU/EN13826 scale)

Find value in table and enter into 'Best PEF' field in box 2 on reverse

	20y	25y	30y	35y	40y	45y	50y	55y	60y	65y	70y
	Men										
5'3	541	575	595	601	599	590	575	557	536	513	490
5'6	556	592	612	619	617	607	592	573	552	528	504
5'9	571	609	629	636	634	624	608	589	566	542	517
6'0	585	624	645	652	650	639	623	603	580	555	530
6'3	599	638	660	667	665	654	638	617	593	568	541
	Women										
4'9	399	412	416	415	410	402	391	380	367	354	340
5'0	410	422	427	426	421	412	402	390	376	363	349
5'3	419	433	437	436	431	422	411	399	385	371	357
5'6	429	442	447	446	440	431	420	407	393	379	364
5'9	437	451	456	455	449	440	428	415	401	386	371

Note that PEF is greatest at around **35** years in men and **30** years in women

If the value you need is not shown above follow the link below for an online calculator

[http://www.peakflow.com/top\\_nav/normal\\_values/PEFNorms.html](http://www.peakflow.com/top_nav/normal_values/PEFNorms.html)