SHORTNESS OF BREATH

ADULT APPROACH

01 ABCs

Assess Severity

- Airway / speech / stridor
- RR / effort / air entry / SpO_2
- Pulse / BP / perfusion / mentation
- **Impending failure:** Exhaustion / weakening effort / AMS

Empiric Treatment

- IV / monitor / O_2 for hypoxemia / suction / airway equipment
- **BVM:** Inadequate breathing
- **BiPAP / CPAP / HFNC:** According to physiology
- **Intubation:** Resp failure / airway protection

02 R/O CRITICAL CAUSES

	RED FLAGS	TREATMENT
Airway Obstruction	• Choking • Stridor • Absent airflow	• **Open Airway / Suction** • Visible accessible FB removal • **Back blows + abdominal thrusts** • Persistent: airway rescue/bronchoscopy
Anaphylaxis / Angioedema	• Abrupt dyspnea / shock ± hives • Tongue / throat swelling / stridor	• **Airway Rescue Ready** • **IM epi:** Suspected anaphylaxis • **IV fluids:** Shock
Tension Pneumothorax	• Unilateral absent BS + severe distress / shock • Crepitus, trach deviation	• **Decompression / Chest Drainage** • Suspected tension + instability → **immediate decompression**

03 EMERGENT DIAGNOSES

	H&P / CXR	WORKUP / TREATMENT
COPD / Asthma	• **Hx:** Asthma / COPD, smoking, prior intubation • **Exam:** Wheeze / prolonged expiration / ↓air entry; silent chest? • **CXR:** Clear / hyperinflation; infiltrate / PTX?	• **Albuterol ± Ipratropium** • Systemic steroids? • **COPD:** O_2 88–92%; BiPAP for hypercapnic acidosis; antibiotics? • **Severe asthma:** Continuous albuterol / IV Mg; monitored BiPAP?
Acute HF / Pulm Edema	• **Hx:** HF / CAD, orthopnea / PND, weight gain • **Exam:** Crackles / JVD / edema ± new murmur • **CXR:** Edema / effusions ± cardiomegaly • **Other tests:** POCUS / ECG	• **NIV / NTG / Diuretic** • **NIV:** Respiratory failure; • **NTG:** Hypertensive; • **Diuretic:** Overloaded • **Shock:** Perfusion support / cardiology
Pneumonia	• **Hx:** Fever / cough / sputum / pleuritic pain • **Exam:** Focal crackles / tachypnea / hypoxemia • **CXR:** Infiltrate ± effusion	• **O_2 / Antibiotics** • Antibiotics for suspected bacterial infection; **sepsis care if unstable**
Pulmonary Embolism	• **Hx:** Dyspnea / pleuritic pain / syncope; VTE risks • **Exam:** Tachycardia / hypoxemia ± unilateral leg swelling • **CXR:** Normal / nonspecific	• **Workup:** PERC / D-dimer / CTPA • Unstable → echo / urgent PE assessment • **Anticoagulation / Reperfusion** • Shock → **reperfusion assessment**

04 OTHER CAUSES

Other Causes

- **Acidosis:** Sepsis/DKA/toxins
- **Neuromuscular:** GBS/MS/stroke/ICH
- **Restriction:** Ascites/obesity/pregnancy
- **Hematologic/Toxic:** Anemia / CO poisoning
- **Anxiety / Panic:** After assessment for dangerous causes