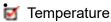
# **Shortness of breath**

### **Observations/NEWS on TRAK**

Read patient alerts





🗹 Pulse

Blood pressure

Respiratory rate

Oxygen saturations (on air or O2 %)

Blood glucose

☑ Peak flow - if background of asthma

🗹 AVPU

## Investigations

Discuss with senior staff; not all patients will require all investigations.

#### Consider:

- · Admission bloods (as per order set): FBC, U&E's, LFT's and add CRP
- · Consider IV access
- ECG
- Blood cultures if meets sepsis criteria

Asthma *Follow BTS guidelines	COPD
Consider ABG	Consider ABG/VBG & CXR

DO NOT ROUTINELY ORDER CHEST X-RAY WITHOUT DISCUSSION WITH SENIOR STAFF

### **Treatments**

#### Consider:

- Supplementary oxygen if sats < 92% and not scale 2 (aim >94%)
- Nebulisers (Salbutamol and ipratropium)
- · Patient positioning

# Red flags

- Acute onset after injury: Onset of symptoms immediately within 24 hours of a physically traumatic
  event.
- · Unable to talk in full sentences.
- Airway compromise: Consider abnormal airway sounds e.g. stridor, snoring, gurgling.
- Significant respiratory history: Patient may be known brittle asthma and/or have had recurrent critical care admissions.
- Exhaustion: Exhausted patients appear to reduce the efoort they make to breathe despite continuing respiratory insufficiency. This is pre-terminal.

Patient Presentation Cards		Version 1	Page 1 of 1	NII 16	10	
Document: PPC's			Author: Dr G Pickering, H Godfrey, C Hughes		NHS	NEDIC ONE