

# Shortness of breath

## Observations/NEWS on TRAK

Read patient alerts



- ☒ Temperature
- ☒ 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

| <b>Asthma</b> *Follow BTS guidelines | <b>COPD</b>            |
|--------------------------------------|------------------------|
| 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 effort they make to breathe despite continuing respiratory insufficiency. This is pre-terminal.

|                            |                               |                            |   |             |   |   |
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| Patient Presentation Cards |                               |                            | Version 1                                   | Page 1 of 1 |  |  |
| Document:<br>PPC's         | Published Date:<br>07/08/2025 | Review Date:<br>07/02/2026 | Author: Dr G Pickering, H Godfrey, C Hughes |             |   |   |