

	<b>Department Name</b> <b>Address</b>	<b>ALS</b>	<b>Paramedic</b>
		<b>Revision #</b>	
		<b>Implementation Date</b>	
<b>Protocol</b>	<b>2.1.14 Hyperventilation</b>	<b>Last Reviewed/Update Date</b>	
<b>Author / Owner</b>		<b>Medical Director</b>	

Treatment goals of the patient with shortness of breath from possible hyperventilation in the pre-hospital environment includes: ensuring adequate oxygenation, slowing down rate of breathing, and safe timely transport to the appropriate care facility.

1. Baseline care standards.
2. Place patient in position of comfort and reassure.
3. Obtain an accurate history of the breathing problem.
4. Consider possible causes such as embolism, tension pneumothorax, or myocardial infarction.
5. Administer O<sub>2</sub> via non-rebreather mask at 15L per minute.
6. Monitor O<sub>2</sub> saturation.
7. Coach patient to slow breathing rate with a calm and reassuring manner.
8. Airway management per protocol.
9. Start an IV Normal Saline TKO.
10. Consider use of sedation or antipsychotic medication. If patient's condition remains uncontrollable, if possible, administer:
  - *Midazolam 2 mg IV, may repeat once PRN (up to max. of 4mg) or*
  - *Diazepam 5 mg IV, may repeat once PRN (up to max. of 10mg), or*
  - *Haldol 5 mg IM, May repeat once (10 mg Max)*

\_\_\_\_\_  
Medical Director's Signature

\_\_\_\_\_  
Date

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The protocols have been developed by the North Dakota Department of Health are meant to be used as general guidance for developing protocols for individual emergency medical services agencies. These sample protocols are not meant to be medical or legal advice; nor do they establish standards of care. Each emergency medical services agency must tailor protocols based on their specific needs or capabilities. Local medical directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. The North Dakota Department of Health make no representation on the accuracy of information contained herein and accepts no liability for any loss or damage arising from any content error or omission.