

Approach to Dyspnea

Standard Operating Procedure (SOP)

Special Region (1), Union of Myanmar

Version 1.0

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1. PURPOSE

Structured rapid triage and management of dyspnea prioritizing life-threatening conditions.

2. VERY IMPORTANT – LIFE-THREATENING DIAGNOSES (SCREEN FIRST)

Always rule out immediately:

- Acute pulmonary edema (heart failure)
- Severe asthma/COPD exacerbation
- Pneumothorax (especially tension)
- Severe pneumonia / ARDS
- Acute coronary syndrome
- Severe anemia
- Metabolic acidosis (DKA/sepsis)

If suspected → treat immediately before investigations.

3. TRIAGE RED FLAGS

- SpO₂ <90%
- RR >30/min
- SBP <90 mmHg
- Altered mental status
- Silent chest
- Cyanosis

→ Immediate oxygen + resuscitation

4. PRIORITY CAUSE-BASED APPROACH

A. Cardiovascular

- Heart failure → crackles, edema → furosemide
- ACS → chest pain → ECG + antiplatelet

B. Respiratory

- Asthma/COPD → wheeze → bronchodilator + steroid
- Pneumonia → fever → antibiotics
- Pneumothorax → absent breath sounds → decompression

C. Hematologic

- Severe anemia → pallor → transfusion

D. Metabolic

- DKA → Kussmaul breathing → insulin + fluids
- Sepsis → tachypnea → antibiotics

5. BASIC MANAGEMENT FOR ALL

- Oxygen (target SpO₂ >92%)
- Sit upright
- IV access
- Monitor vitals

6. INVESTIGATIONS (AFTER STABILIZATION)

- SpO₂ monitoring
- Chest X-ray
- CBC
- ECG
- Blood glucose

7. MONITORING

- SpO₂ continuous
- RR hourly
- BP 2–4 hourly

8. KEY PRINCIPLES

- Treat clinically first
- Do not delay oxygen
- Reassess frequently

9. References

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