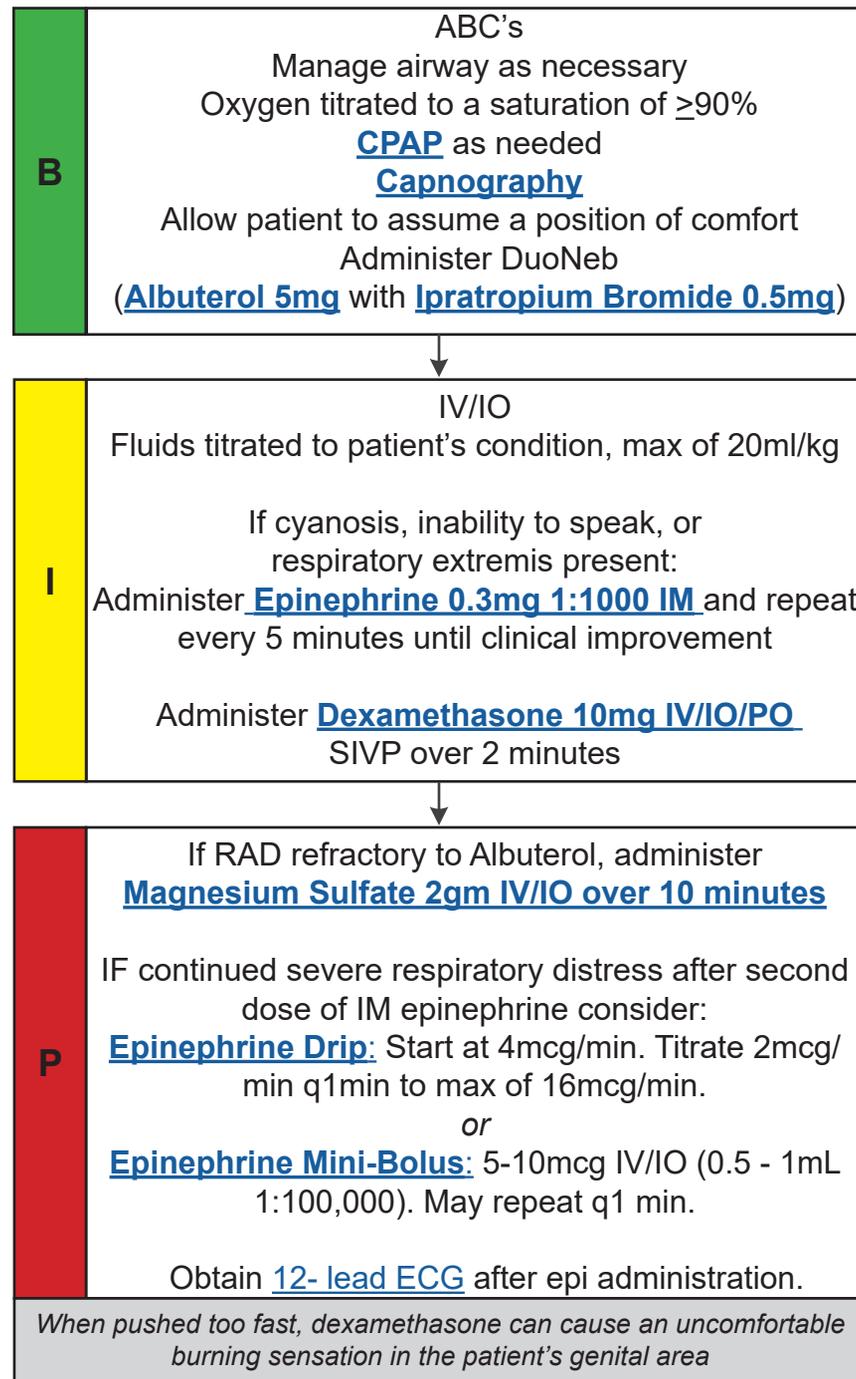


Adult Reactive Airway Disease

Designation of Condition: Most commonly associated with asthma, COPD, bronchitis, and bronchiolitis (RSV). For all anaphylactic/allergic reactive airway issues, refer to appropriate guideline. This condition is caused by small, lower airway obstruction usually secondary to hyperactive bronchial smooth muscle constriction (bronchospasm) and/or peribronchial inflammation. Common clinical findings include wheezing, tachypnea, and a prolonged expiratory phase. If airflow is severely compromised, wheezing may be absent and/or the patient may be hypoxic (O₂ sat <90%).



KEY POINT

IN CASES OF STATUS ASTHMATICUS GIVE EPI EARLY AND AS OFTEN AS NEEDED FOR CLINICAL IMPROVEMENT

Reactive airway disease is best managed with BVM and CPAP. Intubation should not be considered as a first line airway management and should only be considered in pending respiratory arrest

Epinephrine can cause cardiac ischemia and arrhythmias in patients who are elderly or known vascular disease. Use Epi as indicated and make sure cardiac monitoring is in place.