1. Establish team leader and call for HELP.
2. Check pulse and vital signs.
   - If pulseless, initiate Advanced Cardiovascular Life Support.
3. If patient hypoxic, provide 100% oxygen with non-rebreather.
4. Check code/triage status. (Can the patient be intubated?)
5. Is there a failure to protect the airway?
   - Signs: stridor, secretions, or obstruction
   - Consider intubation
6. Is there a failure to oxygenate?
   - Consider noninvasive ventilation vs high-flow nasal cannula vs intubation.
7. Is there a failure to ventilate?
   - Signs: altered mental status, agonal breathing, rising Paco₂, abdominal paradox
   - Consider noninvasive ventilation vs intubation
8. Perform focused physical exam.
   - Airway assessed with patient sitting up
   - Secretions
   - Cardiopulmonary exam
   - Jugular venous distention and peripheral edema
   - Accessory muscle use
9. Obtain intravenous or intraosseous access.
10. Perform focused history.
    - AMPLE: allergies, medications, past medical history, last meal, recent events
    - Consider sending senior member for electronic chart review
11. Obtain diagnostic testing.
    - Blood: arterial blood gas, lactate, B-type natriuretic peptide, troponin, complete blood count, basic metabolic panel
    - Chest radiograph; consider computed tomographic pulmonary angiography for suspected pulmonary embolism (CTPE)
    - Electrocardiogram
    - Focused ultrasound
      - A or B line pattern
      - Lung sliding
      - Lower extremity compression ultrasound for deep venous thrombosis