PROCEDURE

Breathing difficulties - first aid

Breathing difficulties first aid supports breathing while urgent medical help is arranged.

PURPOSE
Support breathing and obtain urgent medical help

PROCEDURE TYPE
Therapeutic bedside first aid using positioning and emergency support

WHERE IT IS DONE
At the scene, bedside, or outpatient clinic

ANAESTHESIA
None

HOW LONG IT TAKES
Minutes until breathing recovers or emergency help takes over

PREPARATION
Follow emergency plans; facility instructions take priority

RECOVERY
Same-day assessment or hospital care; no driving while breathless

MAIN RISKS
Delayed emergency care, aspiration, injury, incorrect medicine use

RESULTS
Breathing response is immediate; causes need medical assessment

Overview

Breathing difficulties first aid is the immediate help given to someone who is struggling to breathe. Its goals are to support breathing, prevent further harm, and arrange the right level of medical care.

A person may describe breathlessness, chest tightness, or feeling unable to get enough air. You may notice fast or noisy breathing, difficulty speaking, unusual drowsiness, confusion, or pale, blue, or grey lips or skin. Skin colour changes can be harder to see on darker skin, so check the lips, tongue, gums, and nail beds.

Severe or sudden breathing difficulty is an emergency. Call your local emergency number if the person cannot speak normally, is becoming confused or unresponsive, has blue or grey colouring, has severe chest discomfort, or is getting worse quickly.

First aid does not identify the cause. Breathing problems may be related to asthma, a severe allergic reaction, choking, infection, heart or lung disease, injury, or another condition that needs medical assessment.

Why the procedure is performed

First aid is performed to keep the person as comfortable and safe as possible while breathing improves or professional help arrives. It may also help prescribed emergency treatment work sooner.

It can:

Do not wait for a definite explanation before calling for help when breathing is severely affected.

- Place the person in a position that makes breathing easier
- Help them use their prescribed reliever inhaler or emergency medicine
- Identify when emergency services are needed
- Provide cardiopulmonary resuscitation, or CPR, if breathing stops
- Reduce the risk of choking on food, drink, or vomit

Who should and should not have it

Basic breathing first aid is appropriate for anyone who appears unable to breathe comfortably. If the person is awake, explain what you are doing and ask permission when possible.

Some actions are not suitable in every situation. Do not:

A person with a known condition may have a written asthma, allergy, heart, or lung action plan. Follow that plan when it is available. Severe symptoms still require emergency help, even if medicine seems to help.

- Enter an unsafe area, such as a room containing smoke, gas, or chemicals
- Force a breathless person to lie flat
- Give food or drink during significant breathing difficulty
- Give someone else's prescription medicine
- ask the person to breathe into a paper bag

- Delay emergency care to look for an inhaler or check an oxygen reading
- Use oxygen unless you are trained and it is available under an appropriate plan

How to prepare

Breathing first aid usually happens without warning, so there is no routine preparation. If you have a condition that can affect breathing, keep prescribed emergency medicine accessible and make sure people close to you know where it is.

Check inhaler and auto-injector expiry dates as directed. A first aid and CPR course can help you respond safely.

If the event happens in a healthcare or care facility, that facility's emergency instructions take priority. Follow directions from emergency dispatchers and the treating team.

Before approaching, check that the area is safe. If smoke, traffic, electricity, chemicals, or violence creates a danger, move to safety and call emergency services rather than putting yourself at risk.

What happens during the procedure

First, check whether the person responds and is breathing normally. Ask what happened and whether they have a known condition or prescribed emergency medicine.

Call emergency services immediately for severe, sudden, or worsening breathing difficulty. Put the phone on speaker if possible so the dispatcher can guide you.

If the person is awake, help them sit upright or adopt the position they find easiest. Many people prefer sitting and leaning slightly forward. Loosen restrictive clothing, stay calm, and encourage slow, comfortable breaths without forcing a breathing pattern.

Help the person use their own prescribed reliever inhaler like albuterol or ipratropium according to its label or action plan. A spacer-a chamber attached to an inhaler-may make the medicine easier to breathe in. For a suspected severe allergic reaction, help with the person's epinephrine auto-injector if you are trained and permitted to do so, then call emergency services.

If food or an object may be blocking the airway, encourage coughing while the cough remains strong. If the person cannot speak, breathe, or cough effectively, call emergency services and follow dispatcher instructions for choking first aid. Techniques differ for adults, pregnant people, and infants.

If the person becomes unresponsive but is breathing normally, place them on their side in the recovery position and continue monitoring. If they are not breathing normally or are only gasping, begin CPR and use an automated external defibrillator, or AED, if available. Follow the device and dispatcher instructions.

Stay with the person until breathing returns to normal or trained help takes over.

Recovery and what to expect afterward

Pain: Breathing first aid should not itself be painful. Chest soreness can occur after prolonged coughing, choking first aid, or CPR. Chest pain or pressure needs urgent assessment, especially when accompanied by breathlessness, sweating, nausea, or faintness.

Eating: Wait until the person is fully alert, breathing comfortably, and able to swallow normally. After choking, pain, coughing, or the feeling that something remains stuck should be medically assessed.

Activity: Rest until breathing has returned to the person's usual level. Avoid exercise or strenuous activity until the cause is understood and any treatment plan has been followed.

Driving: Do not drive while breathless, faint, confused, or affected by emergency treatment. Someone who needed emergency services should not drive themselves to hospital.

Work: Returning to work may be reasonable once breathing is back to normal and no urgent assessment is needed. Physical or safety-sensitive work may require more recovery time. Follow any advice given after medical assessment.

Risks and possible complications

The greatest risk is delaying emergency care when the person is seriously unwell. A temporary improvement does not always mean the underlying problem has resolved.

Other possible harms include:

CPR can cause rib or chest injuries, but these risks are less important than providing CPR when someone is unresponsive and not breathing normally.

- Vomiting or choking after being given food or drink
- Injury from incorrectly performed choking manoeuvres or CPR
- Side effects or treatment delay from using the wrong medicine
- Falls if a faint or breathless person tries to walk

- Exposure of the first aider to an unsafe environment

Results and follow up

You will know immediately whether the person is breathing more easily, speaking more comfortably, and returning to their usual alertness and colour. Continue monitoring because symptoms can return.

Emergency clinicians may check oxygen levels, heart rhythm, breathing sounds, and vital signs. Tests or treatment will be based on the suspected cause.

Routine follow-up is appropriate after a new episode, repeated breathlessness, increased use of prescribed reliever medicine, or an episode that disrupted sleep or activity. A healthcare professional can review inhaler technique, emergency medicines, triggers, and the person's action plan.

After emergency treatment for a severe allergic reaction, choking, chest symptoms, or loss of consciousness, follow the discharge and follow-up instructions provided by the treating team.

Alternatives

There is no safe substitute for immediate first aid and emergency assessment when someone cannot breathe normally.

Calling emergency services provides rapid assessment and transport, but response takes time. First aid supports the person while help is coming.

Using a prescribed reliever inhaler like albuterol or ipratropium may quickly help a known asthma flare, but it cannot rule out another cause. It should not delay emergency care when symptoms are severe or do not improve promptly.

An urgent clinic or primary care visit may be suitable for mild, stable breathlessness. These services may not have the equipment or staffing needed for rapid deterioration.

A pulse oximeter is easy to use, but it does not measure how hard someone is working to breathe and can give misleading readings. Do not use a reassuring number as a reason to ignore serious symptoms.

When to call your healthcare team

Call your local emergency number now if the person:

For an unresponsive person who is not breathing normally, start CPR after calling for help.

Arrange routine medical follow-up for a first unexplained episode, recurring breathlessness, reduced ability to do usual activities, or increased need for prescribed reliever treatment. Seek care sooner if symptoms are worsening.

- Is unable to speak in full sentences because of breathlessness
- Has blue, grey, or very pale lips, tongue, or skin
- Is confused, very drowsy, faint, or unresponsive
- Has severe chest pain or pressure
- Is choking or has swelling of the tongue or throat
- Is not breathing normally or is only gasping
- Is getting worse quickly or is not improving with prescribed emergency medicine

Common questions

Will I be asleep?

No. First aid does not involve sedation or anaesthesia. If you lose consciousness, the first aider will check your breathing and provide recovery-position care or CPR as needed.

Can I drive home afterward?

Not while you remain breathless, dizzy, confused, or unwell. Do not drive yourself to emergency care. Follow the treating team's advice before driving again.

How painful is it?

Positioning, reassurance, and inhaler assistance should not hurt. Choking manoeuvres and CPR can cause soreness or injury, but they may be necessary in a life-threatening emergency.

When will I know if it worked?

Improvement may be noticeable within minutes as breathing, speech, alertness, and colour return toward normal. The cause may take longer to identify and may require tests.

Should I breathe into a paper bag?

No. Paper-bag breathing can lower oxygen and may be dangerous if the breathlessness has a heart, lung, or other medical cause.

Should I lie down?

Usually not if lying flat makes breathing harder. Sit upright in the position that feels easiest. A person who is unresponsive but breathing normally should be placed on their side.

Sources

- American Heart Association. Part 3: Adult Basic and Advanced Life Support, 2020 Guidelines for CPR and Emergency Cardiovascular Care
- American Red Cross. First Aid Steps
- National Health Service. Shortness of breath
- Resuscitation Council UK. First Aid Guidelines, 2021
- Resuscitation Council UK. Adult Basic Life Support Guidelines, 2021
- Centers for Disease Control and Prevention. About Anaphylaxis