

# CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.14
Subject	Paramedic Treatment Protocols  <b>SHORTNESS OF BREATH WITH BRONCHOSPASM (INCLUDING COPD AND ASTHMA)</b>	Page 1 of 2
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

<b>STANDING ORDERS</b>	
1. Assessment	ABCs
2. Secure Airway	Protect with position, basic airway maneuvers, pharyngeal airway, advanced airway if indicated, assist respirations as needed, suction as needed.
3. Oxygen	Low flow. High flow if patient is unstable. Refer to EMS Policy #530.02.
4. Monitor	Treat rhythm if appropriate.
5. Nebulized Albuterol Therapy	2.5 mg/3 cc nebulized albuterol sulfate with standard acorn-type jet nebulizer using pressurized oxygen at a flow rate of 6 L/min. May repeat twice. Transport should begin <u>immediately</u> after <u>first</u> treatment is initiated. Be cautious of Albuterol side effects with multiple doses (e.g., increase anxiety, tachycardia, tremulousness, and blood pressure).  If patient is intubated, Albuterol may be given via bag-valve-mask <b><u>AFTER</u></b> Epinephrine has been given. (Refer to EMS Policy #530.16.)
6. Epinephrine – <b>Only if patient is in severe distress</b>	0.01 mg/kg (0.01 ml/kg) 1:1000 IM (Maximum dose 0.4 ml). - age less than 70 years, and - history of asthma or COPD, and - no signs or symptoms suggestive of MI, and - no history of angina, MI, or CVA
7. Transport	Minimize on scene time. STAT transport if patient is unstable.
8. CPAP– <b>Only if patient is in severe distress</b>	Refer to EMS Policy 530.02.
9. IV Access	Saline lock if needed. If unstable – LR TKO – Standard Tubing.
10. Magnesium Sulfate -- <b>Only if patient is in severe distress</b>	For severe asthma or COPD, 2 gms in 250cc normal saline (over 2 minutes). May repeat once after 5 minutes.
11. Contact Hospital	Per EMS Policy #530.02.

## BASE HOSPITAL ORDERS ON NEXT PAGE

Approved By	<b>Signatures on File at EMS Agency</b>	Revision
EMS Division Manager		<b>10/15/2011</b>
EMS Medical Director	<b>Signatures on File at EMS Agency</b>	

Subject Paramedic Treatment Protocols - Shortness of Breath with Bronchospasm (Including COPD and Asthma)	Policy Number 530.14
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<b>BASE HOSPITAL ORDERS</b>	
1. Epinephrine	Repeat in 15 minutes if symptoms persist. 0.01mg/kg 1:1000 IM (Maximum dose 0.4 ml). <ul style="list-style-type: none"> <li>- age less than 70 years, and</li> <li>- history of asthma or COPD, and</li> <li>- no signs or symptoms suggestive of MI, and</li> <li>- no history of angina, MI, or CVA</li> </ul>

**SPECIAL CONSIDERATIONS AND PRIORITIES**

1. Do not administer Magnesium Sulfate in patients with renal failure or insufficiency. Base Hospital contact required.
2. Calcium chloride should be readily available as an antidote if respiratory depression ensues.
3. Albuterol nebulization will be delivered via in-line nebulizer in addition to CPAP.