

BRONCHOSPASM/ ASTHMA/ COPD ALS

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Acute or progressive shortness of breath, chest discomfort, wheezing, cyanosis

TREATMENT

- ALS RMC
- Mild to moderate (alert, may be unable to speak full sentences, limited accessory muscle use).
 - **Albuterol** 5 mg in 6 ml NS HHN, MR if necessary
 - **Ipratropium (Atrovent)** 500 mcg (2.5 ml) HHN
- Severe (altered mental status, minimal air movement, inability to speak, significant desaturation <90%, cyanosis)
 - Consider CPAP
 - If **Albuterol** and **Atrovent** not effective:
 - **Epinephrine** 1:1,000 IM 0.01mg/kg (max 0.5mg); MR once in 5 minutes

SPECIAL CONSIDERATION

- Do not repeat **Albuterol / Ipratropium (Atrovent)** if significant tachycardia or chest pain.
- **Epinephrine** may cause anxiety, tremor, palpitation, tachycardia, hypertension and headache, and may precipitate AMI, hypertensive crisis and intracranial hemorrhage.
- Consider use of patient actuated nebulizer with prolonged scene times and/or transport times over 10 minutes.
- Suspect carbon monoxide in cases of exposure to fire or smoke in confined areas; pulse oximetry in these settings is not an accurate measure of respiratory status

DOCUMENTATION- ESSENTIAL ELEMENTS

- Wheezing, decreased lung sounds
- SAO2

RELATED POLICIES/ PROCEDURES

- CPAP Procedure ALS PR 13