

APPROVED: Signature On File In EMS Office
Executive Director

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Medical Director

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SHORTNESS OF BREATH WITH BRONCHOSPASM (INCLUDING ASTHMA AND COPD)

I. AUTHORITY

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division

II. PURPOSE

To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.

III. DEFINITIONS

- A. Mild Respiratory Distress describes a patient who is typically able to speak full sentences; who's blood pressure and pulse may be elevated; might be weak and diaphoretic; have a normal mental status; no cyanosis.
- B. Moderate Respiratory Distress describes a patient who is generally able to speak just a few words; who's blood pressure and pulse are likely elevated; who might be weak and diaphoretic; have a normal mental status; circumoral and digital cyanosis may be present.
- C. Severe Respiratory Distress describes a patient who is unable to speak; whose blood pressure and pulse will be elevated or depressed; whose mental status typically altered; central cyanosis likely.

Note: COPD/Asthma patients will typically have a history of COPD/Asthma, they might be on home oxygen, and their medications will be consistent with these disease processes including bronchodilators, inhaled steroids, or oral steroids. COPD/Asthma patients will also typically have a more gradual onset to their symptoms and primarily present with wheezing.

IV. PROTOCOL

MILD DISTRESS	
STANDING ORDERS	
OXYGEN	
POSITION	Sitting (as tolerated.)
MONITOR	Treat rhythm as appropriate.
PULSE OXIMETRY	
ALBUTEROL	2.5mg (3ml unit dose) via hand held nebulizer. Reassess after first treatment and repeat as needed up to three total treatments.

MODERATE DISTRESS	
STANDING ORDERS	
OXYGEN	
POSITION	Sitting (as tolerated.)
MONITOR	Treat rhythm as appropriate.
PULSE OXIMETRY	
ALBUTEROL	2.5mg (3ml unit dose) via hand held nebulizer
REASSESS	
ALBUTEROL	5mg (6ml unit dose) via hand held nebulizer/in line nebulization continuously if still wheezing
CONSIDER CPAP	If available , start at 5 cm H ₂ O, titrate up as patient tolerates and as patient condition warrants, to a max of 10 cm H ₂ O
IV ACCESS	

SEVERE DISTRESS	
STANDING ORDERS	
OXYGEN	
POSITION	Sitting (as tolerated.)
MONITOR	Treat rhythm as appropriate.
PULSE OXIMETRY	
APPLY CPAP	If available , start at 5 cm H ₂ O, titrate up as patient tolerates and as patient condition warrants, to a max of 10 cm H ₂ O
ALBUTEROL	5mg (6ml unit dose) via hand held nebulizer/in line nebulization continuously
EPINEPHRINE	0.3mg of 1:1000 solution IM, if age < 40 years old AND systolic B/P < 180 mm Hg
IV ACCESS	
BASE ORDER	
EPINEPHRINE	0.3mg of 1:1000 solution IM if age >40 years old AND/OR systolic BP >180 mm Hg