

**MOUNTAIN-VALLEY EMS AGENCY  
POLICIES AND PROCEDURES**

POLICY: 554.22  
TITLE: Shortness of Breath – Including  
Asthma and COPD (Adult)

APPROVED: Signature On File In EMS Office  
Executive Director  
  
Signature On File In EMS Office  
Medical Director

EFFECTIVE DATE 7/01/2011  
SUPERSEDES:  
REVISED:  
REVIEW DATE: 07/2016  
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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 9
- II. PURPOSE: To serve as a patient treatment standard for EMT-Is and Paramedics within their scope of practice.
- 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:

| <b>MILD DISTRESS</b>   |   |
|------------------------|---|
| <b>STANDING ORDERS</b> |   |
| <b>ASSESS</b>          | CAB   |
| <b>OXYGEN</b>          | Oxygen delivered as appropriate.  |
| <b>POSITION</b>        | Sitting (as tolerated).   |
| <b>MONITOR</b>         | Treat rhythm as appropriate.  |
| <b>PULSE OXIMETRY</b>  |   |
| <b>ALBUTEROL</b>       | 2.5mg (3ml unit dose) via hand held/mask nebulizer. Reassess after first treatment and repeat as needed up to three total treatments. |

| <b>MODERATE DISTRESS</b> |  |
|--------------------------|--|
| <b>STANDING ORDERS</b>   |  |
| <b>ASSESS</b>            | CAB  |
| <b>OXYGEN</b>            | Oxygen delivered as appropriate.   |
| <b>POSITION</b>          | Sitting (as tolerated).  |
| <b>MONITOR</b>           | Treat rhythm as appropriate.   |
| <b>PULSE OXIMETRY</b>    |  |
| <b>ALBUTEROL</b>         | 2.5mg (3ml unit dose) via hand held/mask nebulizer.  |
| <b>REASSESS</b>          |  |
| <b>ALBUTEROL</b>         | 5mg (6ml unit dose) via hand held/mask nebulizer or in line nebulization continuously if still wheezing.                           |
| <b>CONSIDER CPAP</b>     | <b>If available</b> , start at 5 cm H2O, titrate up as patient tolerates and as patient condition warrants, to a max of 10 cm H2O. |
| <b>IV ACCESS</b>         | TKO  |

| <b>SEVERE DISTRESS</b> |  |
|------------------------|--|
| <b>STANDING ORDERS</b> |  |
| <b>ASSESS</b>          | CAB  |
| <b>OXYGEN</b>          | Oxygen delivered as appropriate.   |
| <b>POSITION</b>        | Sitting (as tolerated).  |
| <b>MONITOR</b>         | Treat rhythm as appropriate.   |
| <b>PULSE OXIMETRY</b>  |  |
| <b>APPLY CPAP</b>      | <b>If available</b> , start at 5 cm H2O, titrate up as patient tolerates and as patient condition warrants, to a max of 10 cm H2O. |
| <b>ALBUTEROL</b>       | 5mg (6ml unit dose) via hand held/mask nebulizer or in line nebulization continuously if still wheezing.                           |
| <b>EPINEPHRINE</b>     | 0.3mg of 1:1000 solution IM, if age < 40 years old <b>AND</b> systolic B/P < 180 mm Hg.  |
| <b>IV ACCESS</b>       | TKO  |
| <b>BASE ORDER</b>      |  |
| <b>EPINEPHRINE</b>     | 0.3mg of 1:1000 solution IM if age >40 years old <b>AND/OR</b> systolic BP >180 mm Hg  |