














Respiratory Distress – Asthma/COPD







Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control

	1. Place patient in a position of comfort.	
	2. If patient is wheezing give Proventil (Albuterol) : 2.5mg in 3 ml normal saline via nebulizer using 6-8L/min O ₂ .	
	3. Oxygen: titrate to SpO ₂ of 94-99%	
	4. Be prepared to support the patient's respirations with a BVM and/or BIAD if necessary	
	5. Reassess patient after treatment.	
	6. Reassure the patient.	

		1. Continue EMR care.		
		2. Initiate ALS intercept, if indicated and began transport as soon as possible.		
		3. Proventil (Albuterol) : 2.5mg in 3ml of normal saline mixed with Ipratropium (Atrovent) : 0.5mg via nebulizer using 6-8L/min O ₂ . Repeat Albuterol 2.5mg with Atrovent 0.5mg every 15 minutes as needed. In-line nebulizer may be utilized if patient is unresponsive or in respiratory arrest.		
		4. Contact receiving hospital as soon as possible (need time to prepare) or Medical Control if necessary.		
		5. Be prepared to utilize basic airway procedures, including insertion of a BIAD, should patient become unresponsive or develop respiratory arrest.		
		6. CPAP : if systolic BP > 100 mmHg. If systolic BP is between 90-100 mmHg, contact Medical Control . Do not initiate CPAP if systolic BP is < 90 mmHg. See CPAP procedure .		

	1. Continue EMT care.	
	2. If patient is not rapidly improving with albuterol, call for ALS intercept.	
	3. Initiate IV/IO with Normal Saline and start a 30mL/kg bolus.	
	4. Epinephrine 1:1000 : 0.3 mg IM/SQ if patient with status asthmaticus and does not improve with Albuterol.	
	5. Continue CPAP as long as the patient is alert and oriented.	
	6. Be prepared to utilize advanced airway procedures, including insertion of an ET tube, should patient become unresponsive and if a BIAD is not already in place.	

		1. Continue EMT-I care.		
		2. Solu-Medrol 125mg slow IV push.		
		3. If patient is still deteriorating, contact Medical Control for order to give Magnesium Sulfate 2g IV over 20 minutes and Ketamine 0.1mg/kg IV.		
		4. Be prepared to intubate if patient becomes unresponsive.		
		5. Transport as soon as possible.		

Special consideration should be given when administering Epinephrine if patient is > 40 years old, has irregular heart rate, has heart rate > 150 bpm or history of heart disease or hypertension. **Consult Medical Control** prior to administration if the patient meets any of these criteria.