

Subject: Treatment Guidelines – ALS Personnel  
**Chronic Obstructive Pulmonary Disease**

Associated Policies:

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I. Priorities

- A. ABC's.
- B. Determine degree of physiologic distress: respiratory rate > 20, use of accessory muscles, cyanosis, inadequate ventilation, depressed level of consciousness.
- C. Maintain airway, provide oxygen and ventilatory support.
- D. Determine which causes best fit patient signs and symptoms, initiate treatment.
- E. Transport (after initial therapy) Code 3 for patients in severe respiratory distress. Code 2 for other patients.

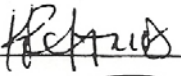
II. Chronic Obstructive Pulmonary Disease

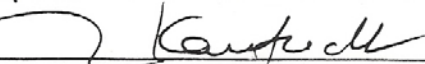
Chronic symptoms of pulmonary disease, wheezing, cough, decreased breath sounds, may have barrel chest.

Pediatric note: Drug doses listed are for adults. Refer to a pediatric length based tape for appropriate drug concentrations and dosages, defibrillator energy settings, and equipment sizes.

*Skills and procedures denoted by double asterisks (\*\*) paramedic level only.*

- A. Ensure a patent airway.
- B. Pulse oxymetry.
- C. Use high flow O2.
- D. Cardiac monitor.
- E. Contact base hospital.
- F. IV access TKO.
- G. Continuous Albuterol Sulfate via nebulizer using 0.5ml of a 0.5% solution in 3.0cc saline or unit dose vial.
- H. Atrovent 0.5mg (2ml) added to first dose of Albuterol. May repeat once with longer transport times.
- I. Consider CPAP if available. Refer to CPAP policy 5436 for relevant considerations.

Approved: 

Approved as to Form: 

Date: 04/03/2013