

Subject: Treatment Guidelines – ALS
Asthma/Bronchospasm

Associated Policies: 5307, 5329, 5411, 5413, 5440

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.

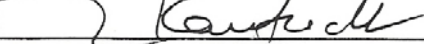
II. Asthma/Bronchospasm

Acute onset of respiratory difficulty usually with a history of prior attacks, wheezes, and coughing.

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.

- A. Ensure a patent airway.
- B. Determine Pulse Oximetry.
- C. Deliver oxygen per the Oxygen Administration Policy.
- D. Cardiac monitor.
- E. IV access with fluid bolus, 250cc/500cc. Do not delay medication administration while obtaining IV access.
- F. Consider:
 - 1. Albuterol Sulfate 1 via nebulizer using 2.5mg in 3cc unit dose vial mixed with Atrovent 0.5mg in 2cc for the initial dose.
 - 2. Repeat Albuterol Sulfate 2.5mg as needed.
 - 3. Repeat Atrovent only for Adult patients when transport times are prolonged.
 - 4. Epinephrine 0.01mg/kg of 1:1000 IM (intramuscular) (maximum 0.5mg), for severe distress. May repeat in twenty (20) minutes. Use caution in patients over 40 years of age and in patients with coronary artery disease.
 - 5. CPAP may be initiated at any time during treatment unless contraindicated. Continue inline Albuterol during CPAP therapy.
 - 6. May consider Magnesium Sulfate 10% 2 Grams over 20 minutes for severe asthma episodes.
 - 7. Contact Base Hospital.

Approved: 

Approved as to Form: 

Date: 1/22/15