



# EMS System for Metropolitan Oklahoma City and Tulsa 2017 Medical Control Board Treatment Protocols



Approved 11/9/16, Effective 2/1/17, replaces all prior versions

## 3C – DYSPNEA – ASTHMA ADULT & PEDIATRIC

- TREATMENT PRIORITIES**
- Vital signs (including EtCO<sub>2</sub>, if equipped)
  - Oxygenation support
    - O<sub>2</sub> by NC, NRB
    - BVM, Bi/CPAP, ETT if indicated
  - Ventilation support
    - BVM, Bi/CPAP, ETT if indicated
  - Nebulization therapy
    - Albuterol, Ipratropium bromide

**EMD**

ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES).  
ADVISE PT SELF-ADMINISTRATION OF MEDICATIONS (eg. ALBUTEROL INHALER)  
AS PREVIOUSLY PRESCRIBED FOR ASTHMA SYMPTOMS

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

<b>EMR</b>	<b>EMT</b>
<p>GENERAL SUPPORTIVE CARE OBTAIN VITAL SIGNS O<sub>2</sub> VIA NC, NRB, OR BVM AS APPROPRIATE APPLY CARDIAC MONITOR (if equipped) ASSIST PT WITH PT'S OWN ALBUTEROL INHALER/NEBULIZER (when applicable)</p> <p><b>EMT OR HIGHER LICENSE:</b> MEASURE END-TIDAL CO<sub>2</sub> &amp; MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated) <b>ADULT:</b> APPLY Bi/CPAP IF INDICATED (if equipped)</p> <p><b>ADULT &amp; PEDIATRIC WEIGHT ≥15kg:</b> NEBULIZED ALBUTEROL 5 mg &amp; IPRATROPIUM BROMIDE 0.5 mg <b>PEDIATRIC WEIGHT &lt;15kg:</b> NEBULIZED ALBUTEROL 2.5 mg &amp; IPRATROPIUM BROMIDE 0.25 mg MAY REPEAT ALBUTEROL ENROUTE X 2 AS NEEDED</p> <p><b>FOR SEVERE ASTHMA REFRACTORY TO NEBULIZATION:</b> <b>ADULT:</b> EPINEPHRINE 1mg/mL (1:1000) 0.3 mg (0.3 mL) AUTOINJECTOR INTRAMUSCULAR INJECTION IN THIGH <b>PEDIATRIC:</b> EPINEPHRINE 1mg/mL (1:1000) 0.15 mg (0.15 mL) AUTOINJECTOR INTRAMUSCULAR INJECTION IN THIGH <b>OLMC ORDER ONLY FOR EPHINEPHRINE IF PT ≥50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE &gt;140/90 mmHg</b></p> <p>PLACE SUPRAGLOTTIC AIRWAY IF INDICATED &amp; ONLY IF BVM VENTILATIONS INEFFECTIVE</p>	

<b>EMT-185</b>	<b>AEMT</b>
<p><b>ADULT:</b> INTUBATE IF INDICATED</p> <p>IV ACCESS <b>ADULT:</b> IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS <b>ADULT:</b> IV NS 250 mL BOLUS IF SYS BP &lt; 100 mmHg WITH HYPOTENSIVE SYMPTOMS &amp; NO SIGNS OF PULMONARY EDEMA, <b>ADULT:</b> REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS &lt; 100 mmHg WITH HYPOTENSIVE SYMPTOMS &amp; NO SIGNS OF PULMONARY EDEMA <b>PEDIATRIC:</b> IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg <b>PEDIATRIC:</b> IV NS 20 mL/kg BOLUS IF SYS BP &lt; (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA</p> <p><b>AEMT OR HIGHER LICENSE:</b> <b>FOR SEVERE ASTHMA REFRACTORY TO NEBULIZATION:</b> <b>ADULT:</b> EPINEPHRINE 1mg/mL (1:1000) at 0.3 mg (0.3 mL) IM <b>PEDIATRIC:</b> EPINEPHRINE 1mg/mL (1:1000) at 0.01 mg/kg (0.01 mL/kg) NOT TO EXCEED 0.3 mg (0.3 mL) IM <b>OLMC CONSULT FOR EPHINEPHRINE IF PT ≥50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE &gt;140/90 mmHg</b></p>	

<b>PARAMEDIC</b>
<p><b>ADULT:</b> METHYLPREDNISOLONE 125 mg IVP. MAY GIVE IM IF NO VASCULAR ACCESS OBTAINED. <b>PEDIATRIC:</b> METHYLPREDNISOLONE 2 mg/kg NOT TO EXCEED 125 mg IVP. MAY GIVE IM IF NO VASCULAR ACCESS OBTAINED. <b>ADULT:</b> MAGNESIUM SULFATE 1 gram VERY SLOW IVP OVER 10 MINS <b>AVOID/STOP IF HYPOTENSION OR KNOWN RENAL FAILURE</b> <b>ADULT:</b> MEDICATION-ASSISTED INTUBATION IF INDICATED CONTINUOUS ASSESSMENT &amp; TREATMENT PER APPLICABLE PROTOCOL(S)</p>