

POLICY: 554.24  
 TITLE: Chronic Obstructive Pulmonary Disease – Asthma - Bronchospasm  
 EFFECTIVE: 07/01/2024  
 REVIEW: 07/2027  
 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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**CHRONIC OBSTRUCTIVE PULMONARY DISEASE – ASTHMA - BRONCHOSPASM**

- 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 EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL  
**COPD:** History may include: emphysema, bronchitis, heavy smoking, recent upper respiratory infection, chronic dyspnea, inhalers.

Physical findings may include: increased anteroposterior diameter of the chest, pursed-lip breathing, wheezing, rhonchi, prolonged expiratory phase of respiration, and use of accessory muscles to breathe.

**ASTHMA:** History may include: acute episodic dyspnea, allergies, upper respiratory infection or flu may have preceded attack.

Physical findings may include: wheezing, hyperresonance, and/or if bronchospasm severe, diminished breath sounds may be diminished.

Medications may include: inhalers, pseudoephedrine, theophylline, Actifed, oral and/or inhaled steroids.

**Provider Key:** F = First Responder/EMR      E = EMT      O = EMT Local Optional SOP  
 P = Paramedic      D = Base Hospital Physician Order Required

	F	E	O	P	D
<b>ASSESSMENT</b>	X	X	X	X	
<b>PULSE OXIMETRY:</b> apply and monitor.		X	X	X	
<b>CAPNOGRAPHY:</b> apply and monitor.				X	
<b>OXYGEN:</b> if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
<b>ECG MONITOR:</b> lead placement may be delegated. Treat as indicated.				X	
<b>MAY ASSIST PATIENT ADMINISTER THEIR OWN INHALER</b>		X	X	X	

	F	E	O	P	D
<b>APPROVED BETA-2 AGONIST:</b> choose <b>ONE</b> of the following beta-2 agonists (consider availability or need to reduce aerosol-generating procedure to decide which). <ul style="list-style-type: none"> <li>• <b>ALBUTEROL:</b> 2-10 inhalations via metered dose inhaler or 2.5 mg via nebulizer. If patient intubated, administer dose through aerosol holding chamber.</li> <li>• <b>LEVALBUTEROL:</b> 1.25 mg via nebulizer.</li> </ul>				X	
<b>IPRATROPIUM:</b> 500 mcg via nebulizer. If patient intubated, administer dose through aerosol holding chamber.				X	
<b>VASCULAR ACCESS:</b> IV/IO, rate as indicated.				X	
<b>MAGNESIUM SULFATE:</b> 2 gm in 100 mL of NS, infused IV/IO over 20 minutes.				X	
* <b>EPINEPHRINE:</b> 0.3 mg of 1:1000 (1 mg/mL) IM via auto injector.		X	X	X	
* <b>EPINEPHRINE:</b> 0.3 mg of 1:1000 (1 mg/mL) IM.			X	X	
<b>CPAP</b>		X	X	X	

\* Use caution in the presence of coronary artery disease or history of hypertension.