Mountain Counties
EMERGENCY MEDICAL SERVICES AGENCY

POLICIES AND PROCEDURES

POLICY: 554.24
TITLE: Chronic Obstructive Pulmonary Disease – Asthma - Bronchospasm

EFFECTIVE: ~~07/01/2024~~DRAFT
REVIEW: ~~07/2027~~DRAFT
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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, AEMT~~'~~s, 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 current exacerbation~~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 A=Advanced EMT D = Base Hospital Physician Order Required

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

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	F	E	O	A	P	D
APPROVED BETA-2 AGONIST: choose **ONE** of the following beta-2 agonists (consider availability or need to reduce aerosol-generating procedure to decide which). • **ALBUTEROL:** 2-10 inhalations via metered dose inhaler or 2.5 mg via nebulizer. If patient intubated, administer dose through aerosol holding chamber. • **LEVALBUTEROL**: 1.25 mg via nebulizer.				X	X	
IPRATROPIUM: 500 mcg via nebulizer. If patient intubated, administer dose through aerosol holding chamber.					X	
VASCULAR ACCESS: P- IV/IO, AEMT - IV only, rate as indicated.				X	X	
MAGNESIUM SULFATE: 2 gm in 100 mL of NS, infused IV/IO over 20 minutes.					X	
***EPINEPHRINE:** 0.3 mg of 1:1000 (1 mg/mL) IM via auto injector.		X	X	X	X	
***EPINEPHRINE:** 0.3 mg of 1:1000 (1 mg/mL) IM.			X	X	X	
CPAP		X	X	X	X	

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

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