REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Acute Bronchospasm

Overview: Respiratory distress with acute bronchospasm can be seen in patients as a result of many causes including asthma, COPD, bronchitis, and allergic reaction. Treatment must be concentrated on airway patency and ventilation.

INFORMATION NEEDED

__ History: Previous episodes, previous hospitalizations, intubations, fever, sputum production, medications (bronchodilators), exposure (allergens, toxins, fire/smoke), trauma (blunt/penetrating)
__ Symptoms: chest pain, shortness of breath

OBJECTIVE FINDINGS

__ Mental status, skin signs, perfusion
__ Respiratory rate, rhythm, pattern and work of breathing
__ Lung sounds
__ Blood pressure, heart rate and rhythm
__ Oxygen saturation
__ Rash, urticaria
__ Evidence of trauma

TREATMENT

__ Ensure patent airway
__ Oxygen 10-15L/min via NRB mask (or 2-6 L/min via nasal cannula if mask not tolerated)
__ BVM at 100% O2, suction prn
__ Pulse oximetry
__ RMC
__ **Albuterol** 2.5 mg in 3 cc NS via nebulizer, repeat prn until relief of symptoms
__ For patients 40 yrs and under with no history of coronary artery disease or hypertension, with severe refractory bronchospasm:
- Consult Medical Control for permission for use of **Epi Pen** 0.3 mg SQ.

__ Rapid transport

Documentation of adherence to protocol:

__ Physical finding of wheezing, decreased lung sounds
__ Administration of oxygen
__ Administration of albuterol

Medical Control Contact Criteria

__ Permission for use of **Epi Pen** for patients 40 years and under with no known history of coronary artery disease or hypertension.

PRECAUTIONS AND COMMENTS

- Supplemental oxygen should not be withheld in COPD or chronic upper airway obstruction, but it may decrease respiratory rate.
- Epinephrine may cause: anxiety, tremor, palpitations, tachycardia, hypertension and headache. In elderly patients, epinephrine administration may precipitate AMI , hypertensive crisis, intracranial hemorrhage and/or dysrhythmias.

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate, EMT – Paramedic

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__ History: Previous episodes, previous hospitalizations, intubations, fever, sputum production, medications (bronchodilators), exposure (allergens, toxins, fire/smoke), trauma (blunt/penetrating)
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TREATMENT

__ Ensure patent airway
__ Oxygen 10-15L/min via NRB mask (or 2-6 L/min via nasal cannula if mask not tolerated)
__ BVM at 100% O2, suction prn
__ Pulse oximetry
__ RMC
__ **Albuterol** 2.5 mg in 3 cc NS via nebulizer, repeat prn until relief of symptoms.
__ Obtain IV access in patients with moderate/severe distress.
__ For patients 40 yrs and under with no history of coronary artery disease or hypertension, with severe refractory bronchospasm:

- Consult Medical Control for permission for use of **Epi Pen** or **Epinephrine (1:10,000) 0.1 mg** slow IVP over 5 minutes; repeat q 5 min. to maximum of 0.3 mg. If no IV access, Epinephrine (1:1000) 0.3 mg SQ, may repeat in 5 min.

__ Rapid transport

Documentation of adherence to protocol:

__ Physical finding of wheezing, decreased lung sounds
__ Administration of oxygen
__ Administration of albuterol
__ IV placement in moderate/severe distress

Medical Control Contact Criteria

__ Permission for use of **Epinephrine** for patients 40 years and under with no known history of coronary artery disease or hypertension.

PRECAUTIONS AND COMMENTS

- Supplemental oxygen should not be withheld in COPD or chronic upper airway obstruction, but it may decrease respiratory rate.
- Epinephrine may cause: anxiety, tremor, palpitations, tachycardia, hypertension and headache. These may be particularly severe if given IV. In elderly patients, epinephrine administration may precipitate AMI , hypertensive crisis, intracranial hemorrhage and/or dysrhythmias.