

CLASS A: Respiratory Distress

CLASS B: Hyper K & Crush injury

PROTOCOLS USED IN: Respiratory Distress, Hyperkalemia and Crush Injury

PHARMACOLOGY AND ACTIONS:

Albuterol is a potent, relatively selective Beta-2 adrenergic bronchodilator and is associated with relaxation of bronchial smooth muscle and inhibition of release of mediators of immediate sensitivity from cells, especially MAST cells. The onset of improvement in pulmonary function is within 2 – 15 minutes after the initiation of treatment and the duration of action is from 4 – 6 hours. Albuterol has occasional Beta-1 overlap with clinically significant cardiac effects.

INDICATIONS:

- A. To treat bronchial asthma and reversible bronchial spasm that occurs with chronic obstructive pulmonary disease.
- B. To treat hyperkalemia.

CONTRAINDICATIONS:

None in the prehospital setting.

PRECAUTIONS:

- A. The patient's rhythm should be observed for arrhythmias. Stop treatment if frequent PVC's develop or any tachyarrhythmias other than sinus tachycardia appear or if heart rate increases by more than 20 beats/minute.
- B. Paradoxical bronchospasm may occur with excessive administration.

SIDE EFFECTS AND NOTES:

Clinically significant arrhythmias may occur, especially in patients with underlying cardiovascular disorders such as coronary insufficiency and hypertension.

ADULT DOSING:

Respiratory distress -

2.5 mg via nebulizer. Repeat as needed.

Hyperkalemia -

10 mg via nebulizer. OLMC contact required.

Hyperkalemia secondary to crush injury -

OLMC contact required.

PEDIATRIC DOSING:

Same as adult