

**ASTHMA**

**EMT:**

- 1) Allow patient to assume position of comfort.
- 2) **High flow O2** \* assist as needed
- 3) **Inhaler**, assist patient if available and prescribed for patient
- 4) Call for ALS
- 5) Transport ASAP

**AEMT/PARAMEDIC:**

As above

- 6) IV Isotonic Solution TKO
- 7) **Cardiac monitor.**
- 8) Inhalation treatment (or via ETT, if intubated) for bronchospasms with **Albuterol (2.5mg) & (Paramedic only) Atrovent (0.5mg) SVN at  $\geq 8$  LPM**; may repeat treatment of Albuterol Q5 minutes, up to a maximum of three times.
- 9) **CPAP** for patients who don't positively respond to nebulizer treatment or who present with extremist condition
- 10) **Epinephrine 1: 1,000, 0.01 mg/kg IM** \*\* AEMT contact medical Control prior to admin.
- 11) **(Paramedic) ET intubation** and attach end tidal CO2 monitoring if respiratory effort inadequate.

\* If patient  $> 40$  and/or emphysema/COPD consider lower rate of O2, administration.

\*\* Usual adult dose is 0.3 to 0.5 mg.

**(End)**

**CHRONIC OBSTRUCTIVE PULMONARY DISEASE  
(COPD)**

**EMT:**

- 1) Allow patient to assume position of comfort.
- 2) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed
- 3) **Inhaler** - assist with self-administration if available and prescribed for patient.
- 4) Call for ALS
- 5) Transport ASAP

**AEMT/:**

As above

- 6) **IV Isotonic Solution** TKO.
- 7) Consider starting Inhalation treatment for bronchospasms with **Albuterol (2.5mg) via SVN**; may repeat treatment with Albuterol q5 minutes up to a max of three times
- 8) Consider use of **CPAP** with severe respiratory distress
- 9) If no improvement **contact Medical control for Epi 1:1000 0.3 mg IM\***

**PARAMEDIC**

As above

- 10) **Cardiac monitor**
- 11) **Albuterol (2.5mg) & Atrovent (0.5mg) SVN at  $\geq 8$  LPM** may repeat treatment with Albuterol q5 minutes up to a max of three times and Atrovent (max of 1 additional time).
- 12) Consider end tidal CO2 monitoring
- 13) **ET intubation** and attach end tidal CO2 monitoring if respiratory effort inadequate.

\* EMSPC protocol A-7 2017 Respiratory Distress, Adult

**(End)**

**OBSTRUCTED AIRWAY: CONSCIOUS ADULT**

**EMT/AEMT:**

- 1) Ask, "Are you choking?"
- 2) If patient can answer, reassure him, and have him cough, if able.
- 3) Initiate abdominal thrusts \* if patient is unable to answer, and continue until obstruction clears or patient becomes unconscious.
- 4) Call for ALS
- 5) If patient becomes unconscious:
  - A) Position patient face up, with arms at sides.
  - B) Perform finger sweep if obstruction is visible.
  - C) Attempt ventilation's.
  - D) Give 6-10 abdominal thrusts.
  - E) Perform finger sweep if obstruction is visible.
  - F) Reattempt ventilation's.
  - G) Continue sequence until item is cleared .
- 6) Transport ASAP do not wait till airway clears before transport.

**PARAMEDIC:**

As above

- 7) **Laryngoscope and McGill forceps** if abdominal thrusts unsuccessful
- 8) **ET intubation** and attach end tidal CO2 monitoring if respiratory effort inadequate.
- 9) **Needle Cricothyrotomy.**

\* Chest thrusts may be used on patients too large to accomplish the abdominal thrusts, and they should be used on pregnant patients.

**(End)**

**OBSTRUCTED AIRWAY: UNCONSCIOUS ADULT**

**EMT/AEMT:**

- 1) Determine unresponsiveness.
- 2) Position the patient.
- 3) Open the airway.
- 4) Determine breathlessness.
- 5) Attempt ventilation's.
- 6) Reposition airway and reattempt ventilation's.
- 7) Start CPR
- 8) Perform finger sweep if obstruction is visible.
- 9) Reattempt ventilation's. continue till airway is cleared
- 10) AEMT may attempt King Airway insertion after two attempts of clearing airway.
- 11) Call ALS
- 12) Transport ASAP

**PARAMEDIC:**

As above

- 13) **Laryngoscope and McGill forceps** if abdominal thrusts unsuccessful
- 14) **ET intubation** and attach end tidal CO2 monitoring if respiratory effort inadequate.
- 15) **Needle Cricothyrotomy**

\* Chest thrusts may be used on patients too large to accomplish abdominal thrusts, and they should be used on pregnant patients.

**(End)**

**PULMONARY EDEMA**

**EMT:**

- 1) Sit patient up, if possible.
- 2) **O2 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed
- 3) **Assist patient with prescribed Beta Agonist MDI**
- 4) **Assist with prescribed Nitroglycerin after consult with online medical Control**
- 5) Transport ASAP
- 6) Call for ALS

**AEMT:**

As above,

- 7) IV Isotonic Solution TKO
- 8) **Albuterol 2.5 mg SVN**
- 9) If systolic BP is greater than 90mmHg consider administration of **Nitroglycerin (0.4 mg tabs or spray SL, max of 3 doses by provider)** after consult with medical control.
- 10) Consider use of **CPAP** with severe respiratory distress and tolerated by Patient.
- 11) 12 lead EKG

**PARAMEDIC:**

As above

- 12) **Cardiac monitor.**
- 13) Recognizing that extreme anxiety may impede effective use of **CPAP, Lorazepam** may be used with CPAP cautiously (titrate to effect **1-4 mg slow IV/IM**)
- 14) In addition, treat underlying condition
- 15) **ET intubation** and attach end tidal CO2 monitoring if respiratory effort inadequate.
- 16) If persistently hypotensive (systolic less than 90 mmHg) with signs of shock consider **Dopamine Drip Infusion (start @5-20 mcg/kg)**

Past history and current medications can give vital clues as to whether pulmonary edema or COPD. Provide this information to receiving physician.

**(End)**