BRONCHOSPASM/ ASTHMA/ COPD ALS
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
- Acute or progressive shortness of breath, chest discomfort, wheezing, cyanosis

TREATMENT
- ALS RMC
- Mild to moderate (alert, may be unable to speak full sentences, limited accessory muscle use).
  - **Albuterol** 5 mg in 6 ml NS HHN, MR if necessary
  - **Ipratropium (Atrovent)** 500 mcg (2.5 ml) HHN
- Severe (altered mental status, minimal air movement, inability to speak, significant desaturation <90%, cyanosis)
  - Consider CPAP
  - If **Albuterol** and **Atrovent** not effective:
    - **Epinephrine** 0.3mg IM (1mg/ml concentration); MR once in 5 minutes

SPECIAL CONSIDERATION
- Do not repeat **Albuterol** / **Ipratropium (Atrovent)** if significant tachycardia or chest pain.
- **Epinephrine** may cause anxiety, tremor, palpitation, tachycardia, hypertension and headache, and may precipitate AMI, hypertensive crisis and intracranial hemorrhage.
- Consider use of patient actuated nebulizer with prolonged scene times and/or transport times over 10 minutes.
- Suspect carbon monoxide in cases of exposure to fire or smoke in confined areas; pulse oximetry in these settings is not an accurate measure of respiratory status

DOCUMENTATION- ESSENTIAL ELEMENTS
- Wheezing, decreased lung sounds
- SAO2

RELATED POLICIES/ PROCEDURES
- CPAP Procedure  ALS PR 13