



EMS System for Metropolitan Oklahoma City and Tulsa 2026 Medical Control Board Treatment Protocols



Approved 9/17/25, Effective 1/15/26, replaces all prior versions

16C – ALBUTEROL (PROVENTIL®, VENTOLIN®)

EMERGENCY MEDICAL DISPATCHER	Self-Administration Phone Directive - 3B 3C 3D 12B
EMERGENCY MEDICAL RESPONDER	Assist Pt with Self Administration - 3B 3C 3D 12B
EMT	
EMT-INTERMEDIATE 85	
ADVANCED EMT	
PARAMEDIC	

Class: Sympathomimetic Bronchodilator

Actions/Pharmacodynamics: Albuterol is a relatively selective beta₂ adrenergic stimulant. Albuterol causes relaxation of the smooth muscles of the bronchial tree thus decreasing airway resistance, facilitating mucus drainage, and increasing vital capacity. It exerts mild effects on beta₁ (heart) or alpha (peripheral vasculature) receptors. In therapeutic doses, albuterol, by inhibiting histamine release from mast cells, also reduces the mucus secretion, capillary leaking, and mucosal edema caused by an allergic response in the lungs.

Indications: Dyspnea - Uncertain Etiology (3B)
Dyspnea - Asthma (3C)
Dyspnea - Chronic Obstructive Pulmonary Disease (3D)
Acute Allergic Reactions (8D)
Bee/Wasp Stings (8F)
Smoke Inhalation (12B)

Contraindications: Known hypersensitivity to albuterol. Albuterol should not be used if the sole etiology of dyspnea is strongly suspected to be CHF, as albuterol-induced tachycardia may worsen the compromised cardiac output in CHF.

Pharmacokinetics: Onset within 5 – 15 minutes; peak effect in 1 – 1.5 hours; duration of effect is up to 3 – 6 hours; half – life is less than 3 hours. Distribution: When inhaled, albuterol is distributed to muscle cells along the bronchial tree. Very little is systemically absorbed and distributed.

Side Effects: Tremors, anxiety, dizziness, headache, cough, reflex bronchospasm, palpitations, tachycardia, and hypertension.



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PROTOCOL 16C: Albuterol (Proventil®, Ventolin®)

Dosage: **Dyspnea - Uncertain Etiology - Adult & Pediatric Weight $\geq 15\text{kg}$ (3B)**

Smoke Inhalation - Adult & Pediatric Weight $\geq 15\text{kg}$ (12B)

5 mg nebulized, may repeat once

Dyspnea - Uncertain Etiology - Pediatric Weight $< 15\text{kg}$ (3B)

Smoke Inhalation - Pediatric Weight $< 15\text{kg}$ (12B)

2.5 mg nebulized, may repeat once

Dyspnea - Asthma - Adult & Pediatric Weight $\geq 15\text{kg}$ (3C)

Dyspnea - Chronic Obstructive Pulmonary Disease - Adult (3D)

Acute Allergic Reactions - Adult & Pediatric Weight $\geq 15\text{kg}$ (8D)

Bee/Wasp Stings - Adult & Pediatric Weight $\geq 15\text{kg}$ (8F)

5 mg nebulized (with ipratropium bromide 0.5 mg), may repeat twice

Dyspnea - Asthma - Pediatric Weight $< 15\text{kg}$ (3C)

Acute Allergic Reactions - Pediatric Weight $< 15\text{kg}$ (8D)

Bee/Wasp Stings - Pediatric Weight $< 15\text{kg}$ (8F)

2.5 mg nebulized (with ipratropium bromide 0.25 mg), may repeat twice

How Supplied: 2.5 mg/3 mL (0.083%) in nebulizer vials.

(Always check concentration and dose per container at time of patient medication administration)