



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

3C – DYSPNEA – ASTHMA ADULT & PEDIATRIC

EMERGENCY MEDICAL
DISPATCHER

EMERGENCY MEDICAL
RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

TREATMENT PRIORITIES

1. Vital signs
(including EtCO₂, if equipped)
2. Oxygenation support
 - O₂ by NC, NRB
 - BVM, Bi/CPAP, ETT if indicated
3. Ventilation support
 - BVM, Bi/CPAP, ETT if indicated
4. Nebulization therapy
 - Albuterol, Ipratropium bromide

EMD

ADVISE TO AVOID PHYSICAL EXERTION
OR ENVIRONMENTAL STRESS (TEMP EXTREMES).
ADVISE PT SELF-ADMINISTRATION OF MEDICATIONS
(eg. ALBUTEROL INHALER)
AS PREVIOUSLY PRESCRIBED FOR ASTHMA SYMPTOMS

EMR

EMT

GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O₂ VIA NC, NRB, OR BVM AS APPROPRIATE
APPLY CARDIAC MONITOR (if equipped)
ASSIST PT WITH PT'S OWN ALBUTEROL INHALER/NEBULIZER (when applicable)

EMT OR HIGHER LICENSE:

MEASURE END-TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)
ADULT: APPLY Bi/CPAP IF INDICATED (if equipped)

ADULT & PEDIATRIC WEIGHT ≥15kg: NEBULIZED ALBUTEROL 5 mg OR LEVALBUTEROL 2.5 mg & IPRATROPIUM BROMIDE 0.5 mg
PEDIATRIC WEIGHT <15kg: NEBULIZED ALBUTEROL 2.5 mg OR LEVALBUTEROL 1.25 mg & IPRATROPIUM BROMIDE 0.25 mg
MAY REPEAT ALBUTEROL OR LEVALBUTEROL ENROUTE X 2 AS NEEDED

FOR SEVERE ASTHMA REFRACTORY TO NEBULIZATION:

ADULT: EPINEPHRINE 1mg/mL (1:1000) 0.3 mg (0.3 mL) AUTOINJECTOR INTRAMUSCULAR INJECTION IN THIGH
PEDIATRIC: EPINEPHRINE 1mg/mL (1:1000) 0.15 mg (0.15 mL) AUTOINJECTOR INTRAMUSCULAR INJECTION IN THIGH
OLMC ORDER ONLY FOR EPINEPHRINE IF PT ≥50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE >140/90 mmHg

PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

EMT-I85

AEMT

ADULT: INTUBATE IF INDICATED PER APPLICABLE PROTOCOLS

IV ACCESS

ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS

ADULT: IV NS 250 mL BOLUS IF SYS BP < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,

ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA

PEDIATRIC: IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg

PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

AEMT OR HIGHER LICENSE:

FOR SEVERE ASTHMA REFRACTORY TO NEBULIZATION:

ADULT: EPINEPHRINE 1mg/mL (1:1000) at 0.3 mg (0.3 mL) IM

PEDIATRIC: EPINEPHRINE 1mg/mL (1:1000) at 0.01 mg/kg (0.01 mL/kg) NOT TO EXCEED 0.3 mg (0.3 mL) IM

OLMC CONSULT FOR EPINEPHRINE IF PT ≥50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE >140/90 mmHg

PARAMEDIC

ADULT: METHYLPREDNISOLONE 125 mg IVP OR DEXAMETHASONE 10 mg IVP, MAY GIVE IM IF NO VASCULAR ACCESS OBTAINED.

PEDIATRIC: METHYLPREDNISOLONE 2 mg/kg NOT TO EXCEED 125 mg IVP OR DEXAMETHASONE 0.6 mg/kg NOT TO EXCEED 10 mg IVP
MAY GIVE IM IF NO VASCULAR ACCESS OBTAINED.

ADULT: MAGNESIUM SULFATE 1 gram VERY SLOW IVP OVER 10 MINS

AVOID/STOP IF HYPOTENSION OR KNOWN RENAL FAILURE

ADULT: MEDICATION-ASSISTED INTUBATION IF INDICATED PER PROTOCOL 2G
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)