EMS System for Metropolitan Oklahoma City and Tulsa
2027 Medical Control Board Treatment Protocols

Approved 9/2/26, Effective 1/15/27, 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
   - O_2 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
O_2 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 CO_2 & 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) 0.5 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 EPHINEPHRINE 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 0.5 mg (0.5 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
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.
OLMC CONSULT FOR EPHINEPHRINE IF PT ≥50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE >140/90 mmHg

PARAMEDIC

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)