Approved 9/2/26, Effective 1/15/27, replaces all prior versions

3D – DYSPNEA – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) ADULT

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 COPD SYMPTOMS

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR / EMT

GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O_2 VIA NC, NRB, OR BVM AS APPROPRIATE
APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped)
TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT
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)
APPLY Bi/CPAP IF INDICATED (if equipped)
NEBULIZED ALBUTEROL 5 mg OR LEVALBUTEROL 2.5 mg & IPRATROPIUM BROMIDE 0.5 mg
MAY REPEAT ALBUTEROL OR LEVALBUTEROL ENROUTE X 2 AS NEEDED
PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

EMT-I85 / AEMT

INTUBATE IF INDICATED PER APPLICABLE PROTOCOLS

IV ACCESS
IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,
REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA

AEMT or HIGHER LICENSE

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

PARAMEDIC

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