



# EMS System for Metropolitan Oklahoma City and Tulsa 2020 Medical Control Board Treatment Protocols



Approved 9/11/19, Effective 1/15/20, 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 EtCO<sub>2</sub>, if equipped)
2. Oxygenation support
  - O<sub>2</sub> 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<sub>2</sub> 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<sub>2</sub> & 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 & IPRATROPIUM BROMIDE 0.5 mg  
**PEDIATRIC WEIGHT <15kg:** NEBULIZED ALBUTEROL 2.5 mg & IPRATROPIUM BROMIDE 0.25 mg  
MAY REPEAT ALBUTEROL 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. MAY GIVE IM IF NO VASCULAR ACCESS OBTAINED.

**PEDIATRIC:** METHYLPREDNISOLONE 2 mg/kg NOT TO EXCEED 125 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)