



EMS System for Metropolitan Oklahoma City and Tulsa 2022 Medical Control Board Treatment Protocols



Approved 9/8/21, Effective 1/17/22, replaces all prior versions

3C – DYSPNEA – ASTHMA ADULT & PEDIATRIC

- TREATMENT PRIORITIES**
- Vital signs (including EtCO₂, if equipped)
 - Oxygenation support
 - O₂ by NC, NRB
 - BVM, Bi/CPAP, ETT if indicated
 - Ventilation support
 - BVM, Bi/CPAP, ETT if indicated
 - 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

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMR	EMT
<p>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)</p> <p>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)</p> <p>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</p> <p>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</p> <p>PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE</p>	

EMT-I85	AEMT
<p>ADULT: INTUBATE IF INDICATED PER APPLICABLE PROTOCOLS</p> <p>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</p> <p>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</p>	

PARAMEDIC
<p>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)</p>