



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY
POLICY AND PROTOCOL MANUAL**

Reference No. 14010
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RESPIRATORY EMERGENCIES - ADULT

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

I. FIELD ASSESSMENT/TREATMENT INDICATORS

Symptoms of chronic pulmonary disease, wheezing, cough, pursed lip breathing, decreased breath sounds, accessory muscle use, anxiety, ALOC or cyanosis.

II. BLS INTERVENTIONS

- Reduce anxiety, allow patient to assume position of comfort.
- Administer oxygen as clinically indicated, obtain oxygen saturation on room air, or on home oxygen if possible.

III. LIMITED ALS (LALS) INTERVENTIONS

- Perform activities identified in the BLS Interventions.
- Maintain airway with appropriate adjuncts, including advanced airway if indicated. Obtain oxygen saturation on room air or on home oxygen if possible.
- Administer Albuterol per ICEMA Reference #11010 - Medication - Standard Orders.

IV. ALS INTERVENTIONS

- Perform activities identified in the BLS and LALS Interventions.
- Administer Albuterol with Atrovent per ICEMA Reference #11010 - Medication - Standard Orders.
- Place patient on Continuous Positive Airway Pressure (CPAP), refer to ICEMA Reference #11020 - Procedure - Standard Orders.

If systolic BP remains greater than 90 mm Hg, consider Midazolam per ICEMA Reference #11010 - Medication - Standard Orders for relief of anxiety related to CPAP mask.
- Consider advanced airway, refer to ICEMA Reference #11020 - Procedure - Standard Orders.

V. REFERENCES

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders
11020	Procedure - Standard Orders.

ACUTE ASTHMA/BRONCHOSPASM/ALLERGIC REACTION/ANAPHYLAXIS

I. FIELD ASSESSMENT/TREATMENT INDICATORS

History of prior attacks, possible toxic inhalation or allergic reaction, associated with wheezing, diminished breath sounds or cough.

II. BLS INTERVENTIONS (For severe asthma and/or anaphylaxis only)

- Reduce anxiety, allow patient to assume position of comfort.
- Administer oxygen as clinically indicated, humidified oxygen preferred.
- For anaphylaxis only, administer Epinephrine (0.3 mg auto-injector) per ICEMA Reference #11010 - Medication - Standard Orders.
- May repeat Epinephrine (0.3 mg auto-injector) per ICEMA Reference #11010 - Medication - Standard Orders, after 15 minutes one (1) time.

III. LIMITED ALS (LALS) INTERVENTIONS

- Perform activities identified in the BLS Interventions.
- Maintain airway with appropriate adjuncts, obtain oxygen saturation on room air if possible.
- Administer Albuterol per ICEMA Reference #11010 - Medication - Standard Orders.
- For signs of inadequate tissue perfusion, initiate IV bolus of 300 ml NS. If signs of inadequate tissue perfusion persist may repeat fluid bolus one (1) time.
- If no response to Albuterol, administer Epinephrine (1 mg/ml) per ICEMA Reference #11010 - Medication - Standard Orders.
- May repeat Epinephrine (1 mg/ml), per ICEMA Reference #11010 - Medication - Standard Orders, after 15 minutes one (1) time.

IV. ALS INTERVENTIONS

- Perform activities identified in the BLS and LALS Interventions.
- Administer Albuterol, with Atrovent per ICEMA Reference #11010 - Medication - Standard Orders.
- For suspected allergic reaction, consider Diphenhydramine per ICEMA Reference #11010 - Medication - Standard Orders.
- Place patient on Continuous Positive Airway Pressure (CPAP), refer to ICEMA Reference #11020 - Procedure - Standard Orders.

If systolic BP remains greater than 90 mm Hg, consider Midazolam per ICEMA Reference #11010 - Medication - Standard Orders for relief of anxiety related to CPAP mask.
- If no response to Albuterol, administer Epinephrine per ICEMA Reference #11010 - Medication - Standard Orders.
- May repeat Epinephrine (1 mg/ml) per ICEMA Reference #11010 - Medication - Standard Orders after 15 minutes one (1) time.

- For persistent severe anaphylactic reaction, administer Epinephrine (0.1 mg/ml) per ICEMA Reference #11010 - Medication - Standard Orders.
- Consider advanced airway, refer to ICEMA Reference #11020 - Procedure - Standard Orders.

V. BASE HOSPITAL MAY ORDER THE FOLLOWING

- For severe asthma/respiratory distress that has failed to respond to the other previous treatments, administer Magnesium Sulfate per ICEMA Reference #11010 - Medication - Standard Orders.

VI. REFERENCES

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders
11020	Procedure - Standard Orders

ACUTE PULMONARY EDEMA/CHF

I. FIELD ASSESSMENT/TREATMENT INDICATORS

History of cardiac disease, including CHF, and may present with rales, occasional wheezes, jugular venous distention and/or peripheral edema.

II. BLS INTERVENTIONS

- Reduce anxiety, allow patient to assume position of comfort.
- Administer oxygen as clinically indicated. For pulmonary edema with high altitude as a suspected etiology, descend to a lower altitude and administer high flow oxygen with a non re-breather mask.
- Be prepared to support ventilations as clinically indicated.

III. LIMITED ALS (LALS) INTERVENTIONS

- Perform activities identified in the BLS Interventions.
- Maintain airway with appropriate adjuncts, obtain oxygen saturation on room air if possible.
- Administer Nitroglycerine (NTG) per ICEMA Reference #11010 - Medication - Standard Orders. In the presence of hypotension (SBP less than 100), the use of NTG is contraindicated.
- If symptoms do not improve after NTG administration, consider Albuterol per ICEMA Reference #11010 - Medication - Standard Orders.

IV. ALS INTERVENTIONS

- Perform activities identified in the BLS and LALS Interventions.

- Place patient on Continuous Positive Airway Pressure (CPAP), refer to ICEMA Reference #11020 - Procedure - Standard Orders.

If systolic BP remains greater than 90 mm Hg, consider Midazolam per ICEMA Reference #11010 - Medication - Standard Orders for relief of anxiety related to CPAP mask.
- Consider advanced airway, refer to ICEMA Reference #11020 - Procedure - Standard Orders.

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