

# BRONCHOSPASM (ASTHMA/COPD)

## BASIC EMT

1. BLS may help patient administer own inhaler.

## ADVANCED EMT

2. **Albuterol** 5 mg aerosol OR **Xopenex (levalbuterol)** 1.25 mg aerosol
  - May repeat as necessary
3. **Atrovent (ipratropium bromide)** 0.5 mg aerosol.
4. Consider CPAP

### CPAP:

Shortness of breath AND:

- Evidence of respiratory distress (accessory muscles, tachypnea)
- Open airway
- Over 12 years old and able to fit the CPAP mask

### CONTRAINDICATIONS

- Pneumothorax
- Respiratory arrest
- Uncontrolled vomiting

### PROCEDURE

- D. Start CPAP at ambient pressure
  - 0 cm/H<sub>2</sub>O
- E. Slowly titrate the pressure to patient comfort and clinical improvement:
  3. **CHF:** maximum **10 cm/H<sub>2</sub>O**
  4. All other shortness of breath / dyspnea: (**COPD, Asthma, etc.**): **5 cm/H<sub>2</sub>O**

*If persistently hypotensive, may need to consider discontinuing CPAP*

## PARAMEDIC

5. **Methylprednisolone (Solumedrol)** (if available) 125 mg IV / IO for cases of severe asthma
6. **Consider Epinephrine**
  - Use only in immediately life-threatening condition.
  - Use with caution in heart disease, hypertension, tachyarrhythmias, age greater than 50.
  - Use 0.3 mg (0.3 ml) of **1:1,000** IM

## **BRONCHOSPASM (ASTHMA/COPD) cont.**

### **COVID-19 Suspected Patients:**

- Avoid the use of nebulizer medications or CPAP (if at all possible). Maintain basic measures such as O<sup>2</sup> via nasal cannula and surgical mask or O<sup>2</sup> via non-rebreather mask.
- **PPE USE IS MANDATORY**