



Medical Directive

Directive Number	20-06
Publish Date	March 17 2020
Effective Date	March 17 2020
Subject	Modifications to respiratory related Clinical Guidelines when treating a patient suspected to have infectious respiratory pathology Transport Patients with Prescribed Medications
Update to Airway Management & Ventilation and Respiratory Distress Clinical Guidelines	

Credentialed PL 1	Action
Credentialed PL 2	Action
Credentialed PL 3	Action
Credentialed PL 4	Action
Credentialed PL 5	Action
Credentialed PL 6	Action
Credentialed EMD	Information

Colleagues,

This medical directive provides modifications to Airway Management & Ventilation and Respiratory Distress Clinical Guidelines when providing care to a patient suspected to have an infectious respiratory pathology, such as COVID-19. It also provides advisement on transporting patients with their medications to receiving facilities. This is an action item for all PL1 – PL6 providers and should be read in its entirety.

The following clinical guideline modifications are in effect when treating a patient suspected to have an infectious respiratory pathology:

- Do not administer methylprednisolone (Solu-Medrol) as evidence has suggested steroid administration increased viral shedding.
- Use numeric and waveform EtCO₂, SpO₂, lung sounds, and patient assessment to objectively evaluate the presence of bronchospasm or respiratory constriction prior to administering nebulized medications, such as Albuterol.
 - If you determine the benefit/need to administer a nebulized medication, then consider:
 - If the patient has a prescribed non-expired inhaler, then apply supplemental oxygen via nasal canula and have the patient self-administer, with a spacer if available, while you keep a distance of ≥ 6 feet while maintaining line of sight.
 - Coach the patient to self-administer a nebulizer. Assemble and ready the nebulizer for the patient to place onto their face after you create a ≥ 6 feet buffer between you and the patient while maintaining line of sight. Continue to monitor the self-administration, and coach the patient as needed.
 - Administer a nebulizer while standing behind the patient and coach the patient to remain looking forward.
 - Provide a surgical style mask to the patient and coach them to use the mask before and especially after any inhaled medication as it may induce coughing.
 - Consider the area, for example in the patient’s home versus in the back of the ambulance, in which you administer the nebulizer. Always take diligent efforts to clean and disinfect surfaces within the area once the nebulizer is complete.
- Consider IM Epi 1:1,000 or IV Magnesium Sulfate for moderate to severe respiratory constriction and bronchospasms, which do not require aerosolization.
- Minimize the number of providers and equipment to essentials within 6 feet of the patient.
- The use of a breathing/respiratory circuit filter is an absolute when providing positive pressure ventilations, which includes a bag-valve mask or bag-valve on an ETT, or CPAP.

- Continue to objectively treat secondary signs, symptoms, and complaints as informed by your clinical guidelines; these include dehydration and nausea.
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During the COVID-19 crisis, all prescribed inhalers and other prescribed medications need to accompany the patient to the receiving facility. However, collecting inhalers and medications should not slow packaging and transport if the patient is critical and/or in respiratory or cardiac failure.

As a general reminder and point of clarification regarding the System Medical Advisory dated March 13th, 2020; the minimum PPE to be worn before entering a nursing home, residential care facility, scene/area, or private residence of an elderly or medically vulnerable patient is a surgical style mask, eye protection, and gloves. Additional PPE, such as a N95 respirator, is to be used when alerted by dispatch, based on patient presentation suggesting an infectious respiratory pathology, or at your discretion. Be mindful that increased PPE is intended for those providing direct patient care within 6 feet of the patient. These requirements and guidelines aim to ensure we are protecting the patient, ourselves, and are serving as good partners to residential care facilities and our communities.

Thank you in advance for all of your efforts in protecting our communities as we continue to serve those in need, proactively self-monitor ourselves, and by staying home when you are experiencing illnesses.

Questions can be sent to EMScogs@austintexas.gov

Thank you for all that you do,

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