

2.11 RESPIRATORY DISTRESS: BRONCHOSPASM

BLS Treatment
<ul style="list-style-type: none">• Position of comfort.• NPO• Oxygen as indicated.
ALS Treatment
<ul style="list-style-type: none">• Establish IV/IO of Normal Saline TKO.• Monitor O2 saturation.• If available, administer Albuterol via Metered Dose Inhaler (MDI) as a frontline therapy for patients with mild-to-moderate respiratory distress with bronchospasm. Either a provider-supplied MDI or the patient's own MDI may be utilized, however, the patient's MDI should take priority.• Albuterol via nebulizer when an MDI is unavailable, or for bronchospasm that is refractory to MDI. May be repeated as needed until relief of symptoms.• For patients with severe refractory bronchospasm who are less than 50 years old and /or NO history of coronary artery disease or hypertension; administer:<ul style="list-style-type: none">○ IM Epinephrine○ If no response to IM Epinephrine or patient is in extremis: IV Epinephrine.• Follow Protocol 7.01 Airway Management for advanced procedures as indicated.
Base Hospital Contact Criteria
<ul style="list-style-type: none">• To administer Epinephrine to patients \geq 50 years of age.• If additional Epinephrine administration is needed beyond max dose.
Notes
<ul style="list-style-type: none">• Following use of an MDI:<ul style="list-style-type: none">○ If the patient is transported, transfer MDI to the receiving healthcare provider.○ If the patient is not transported, dispose of MDI.