## EMS Adult Protocols

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Asthma</th>
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<tr>
<td>Original Adoption Date:</td>
<td>10/2000</td>
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<tr>
<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Chad Torstenson M.D.</td>
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### Basic Treatment Guidelines:
Follow initial protocol for all patients.

### Advanced Treatment Guidelines:
*NOTE: Consider Capnography to assist in the evaluation of the patient’s ventilatory and oxygenation status.

**Asthma with respiratory compromise, bronchoconstriction, and/or hypotension:**
1. Establish IV infusion of **NORMAL SALINE** at a TKO rate for normal blood pressure, or as appropriate if hypotensive; hypotensive patients may require 1-2 liters **NORMAL SALINE**.

2. For wheezing consider mixing **IPRATROPIUM** 0.5 mg/2.5 ml of **NORMAL SALINE** with **ALBUTEROL** 2.5 mg in 3.0 ml of **NORMAL SALINE**, administer once by nebulizer. May be followed by **ALBUTEROL** 2.5 mg in 3.0 ml **NORMAL SALINE** as needed.

2. **EPINEPHRINE** 0.3-0.5 mg of 1:1000 solution IM, Consider the following doses
   - 0.3 mg IM for 50 kg pt
   - 0.4 mg IM for 70 kg pt
   - 0.5 mg IM for 90 kg pt
   - May repeat in 15 minutes if needed
     - Use caution in patients with coronary artery disease.

3. Consider Continuous Positive Airway Pressure (CPAP) for a patient with hypoxia without any contraindications for the use of CPAP.

4. Consider the use of Medicated Assisted Intubation without the use of **SUCCINYCHOLINE** in patients in decompensated respiratory failure.
Status Asthmaticus:
1. Consider METHYPRENDISOLONED SUCINATE 125 mg IV over 1 minute

2. Consider MAGNESIUM SULFATE 2-4 grams in 10 ml NORMAL SALINE given IV over 5 minutes if patient not responding promptly to above listed treatments.