	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	2.1.3 Asthma	Last Reviewed/Update Date	
Author / Owner		Medical Director	

Treatment goals of the patient with shortness of breath possibly due to asthma in the prehospital environment includes: ensuring adequate oxygenation, delivery of medications to relieve shortness of breath, and safe timely transport to the appropriate care facility.

- 1. Baseline care standards.
- 2. Place patient in a position of comfort and reassure the patient.
- 3. Administer oxygen by non-rebreather mask at 15 L per minute.
- 4. Monitor O₂ saturation and capnometry.
- 5. Assist patient with prescribed medications as directed by private physician.
- 6. Start CPAP/BiPAP therapy if appropriate and available.
- 7. Start an IV of Normal Saline at TKO/KVO rate.
- 8. For wheezing in suspected asthma or COPD administer:
 - *Albuterol 2.5mg in 3cc Normal Saline-* by nebulizer.
 - Patient may receive continuous *Albuterol nebulizer* treatments until breath sounds are clear.
- 9. If patient is in respiratory distress, administer:
 - *Solu-Medrol*® *125mg IV* over 1 minute.
- 10. If patient is in severe dyspnea, administer:
 - Epinephrine 0.3mg 1:1000 solution SQ. Repeat as needed every 5-10 minutes with a maximum of 2 doses.
- 11. Continue airway management per protocol.
- 12. Monitor ECG rhythm in all asthma patients.

2.1.3 ASTHMA	
DATE APPROVED	
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Medical Director's Signature	 Date

Disclaimer:

EMS PROTOCOLS

The protocols have been developed by the North Dakota Department of Health are meant to be used as general guidance for developing protocols for individual emergency medical services agencies. These sample protocols are not meant to be medical or legal advice; nor do they establish standards of care. Each emergency medical services agency must tailor protocols based on their specific needs or capabilities. Local medical directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency, directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. The North Dakota Department of Health make no representation on the accuracy of information contained herein and accepts no liability for any loss or damage arising from any content error or omission.