

Kittitas County Prehospital Care Protocols

Subject: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
AND ASTHMA

General

- A. Establish and maintain airway.
- B. Administer O₂ @ 2-6 lpm per nasal cannula for COPD patient. Asthma patient may need higher concentration of O₂.
- C. If hyperventilating, assist ventilations with BVM.
- D. If patient exhibits signs of hypoxia, consider increase in O₂ to 12-15 lpm per non-rebreather mask. Monitor respiratory status regularly.
- E. Establish cardiac monitor.
- F. Establish peripheral IV access with NS TKO.
- G. Consider **Albuterol**, 2.5 mg in normal saline, per nebulizer mask.
- H. Consider *Ipratropium Bromide*, 0.5 mg, per nebulizer mask.**
- I. Consider **Magnesium Sulfate**, 1-2g, slow IV-Push.
- J. Consider **Epinephrine** 1:1,000 0.3 mg subcutaneously in those patients < 65 years old.
- K. For severe pulmonary compromise, consider elective endotracheal intubation utilizing paralysis with sedation.

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