

ASTHMA

1. Allow patient to assume position of comfort.
2. Administer high flow **O₂**.*
3. Establish IV/IO access.
4. Apply cardiac monitor.
5. Consider administration of unit dose **albuterol (Ventolin®)** and **ipratropium bromide (Atrovent®)** treatment, using small volume nebulizer.
6. Repeat administration of Ventolin® treatment only, using small volume nebulizer. May be continued if symptoms persist.
7. Consider administering **epinephrine** at 1:1 000, 0.01 mg/kg IM,† maximum initial adult dosage of 0.3 mg.
8. Consider **CPAP**, if patient's condition is appropriate. Consider **endotracheal intubation**, if patient is in obvious respiratory failure.
9. If patient's respiratory effort is or becomes inadequate, consider ET intubation.

*If patient has a history of emphysema/COPD, consider lower rate of O₂ administration.

†If patient's age is > 40 and/or has known coronary artery disease, use with caution.