

CHRONIC OBSTRUCTIVE PULMONARY DISEASE - ASTHMA - BRONCHOSPASM

<u>COPD/ASTHMA:</u>	History may include emphysema, bronchitis, heavy smoking, recent cold, chronic dyspnea
<u>Physical Findings:</u>	Increased AP diameter of the chest, purse-lip breathing, wheezing, rales and/or rhonchi, prolonged expiratory phase of respiration, accessory muscle use, hyperresonance, or diminished breath sounds.
<u>Medications:</u>	May include inhalers, antihistamines, steroids, antibiotics

Field Treatment - BLS

OXYGEN:	High Flow, as tolerated
POC & VITALS:	Keep patient in position of comfort, assess vitals
ASSIST PATIENT:	May assist patient with inhalers, home nebulizer unit

Field Treatment - ALS

MONITOR:	Treat rhythm as appropriate
ALBUTEROL:	Nebulized using 0.5 ml in 3.0 ml saline. If patient intubated, administer dose through aerosol holding chamber. Repeat as indicated. Monitor cardiac rhythm carefully in patients over 50 years of age.
CPAP:	<u>Severe Respiratory Distress:</u> Apply CPAP beginning at 10cm H ₂ O decreasing to 5cm H ₂ O if possible. Titrated to patient response.

IV ACCESS: TKO

Considerations:

EPINEPHRINE:	0.01 mg/kg of 1:1000 IM (max. 0.4 mg/dose). May repeat in 20 minutes. (for severe asthma/COPD only). Use with caution in the presence of coronary artery disease or history of hypertension.
MAGNESIUM SULFATE:	For severe Asthma. 2 gms in 10 cc saline slow IV push (over 2 min.) May repeat once after 5 min.