



Section 14: Appendix 2: Medical Procedures

SECTION 14: AEROSOL / INHALER TREATMENTS

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INDICATIONS	SIGNS AND SYMPTOMS	CONTRAINDICATIONS
<ul style="list-style-type: none"> Patients experiencing bronchospasm 	<ul style="list-style-type: none"> Shortness of breath Wheezing History of COPD / asthma Unable to complete full sentences Accessory muscle use Nasal flaring Fatigue 	<ul style="list-style-type: none"> Allergy to medication Arrhythmias

PROCEDURE – EMT MUST CONTACT MEDICAL CONTROL

- Gather the necessary equipment.
- Assemble the nebulizer kit.
- Instill the premixed medication into the reservoir well of the nebulizer.
- Connect the nebulizer device to oxygen at 6 - 8 liters per minute or adequate flow to produce a steady, visible mist.
- Instruct the patient to inhale normally through the mouthpiece of the nebulizer. The patient needs to have a good lip seal around the mouthpiece if no mask.
- The treatment should last until the solution is depleted. Tapping the reservoir well near the end of the treatment will assist in utilizing all of the solution.
- Monitor the patient for medication effects. This should include the patient's assessment of his / her response to the treatment and reassessment of vital signs, ECG, and breath sounds.
- Document the treatment, dose, and route on the patient care report (PCR).

KEY POINTS

- Use mouthpiece if patient is able to hold nebulizer effectively.
- Use nebulizer mask if patient is unable to hold nebulizer effectively.

PERSONAL INHALER TREATMENT – EMT DOES NOT NEED MEDICAL CONTROL

INDICATIONS	SIGNS AND SYMPTOMS	CONTRAINDICATIONS
<ul style="list-style-type: none"> Patients experiencing bronchospasm 	<ul style="list-style-type: none"> Shortness of breath Wheezing Patient has own prescribed inhaler 	<ul style="list-style-type: none"> Medication is not prescribed to patient Medication has expired Patient has received maximum dose

PROCEDURE

- Make sure that personal inhaler is at room temperature or warmer.
- Follow the instructions for either gentle or vigorous shaking.
- Instruct patient to seal lips around opening of inhaler, using spacer if present.
- Instruct patient to inhale deeply while depressing the inhaler.
- Instruct patient to hold breathe as long as possible.
- Follow the Respiratory Distress protocol.