

BLS

ALS

<ul style="list-style-type: none">• Ensure patent airway• Reassurance• O₂ Saturation prn• O₂ and/or ventilate prn • May assist patient to self medicate own prescribed MDI ONE TIME ONLY. Base Hospital contact required prior to any repeat dose. <p>Hyperventilation:</p> <ul style="list-style-type: none">• Coaching/reassurance• Remove patient from causative environment.• Consider underlying medical problem. <p>Toxic Inhalation (CO exposure, smoke gas, etc.):</p> <ul style="list-style-type: none">• Move patient to safe environment• 100% O₂ via mask• Consider transport to facility with hyperbaric chamber for suspected carbon monoxide poisoning for unconscious or pregnant patient <p>Respiratory Distress with croup-like cough:</p> <ul style="list-style-type: none">• Aerosolized saline or water 5ml via oxygen powered nebulizer/mask. MR prn	<ul style="list-style-type: none">• Monitor EKG• Capnography monitoring <u>SO</u> prn• IV/IO <u>SO</u>, adjust prn• Intubate <u>SO</u> prn• NG/OG prn per <u>SO</u> <p>Respiratory Distress ? CHF/cardiac origin):</p> <ul style="list-style-type: none">• NTG SL: If systolic BP \geq 100 but $<$150: NTG 0.4mg SL <u>SO</u>. MR q3-5" <u>SO</u>If systolic BP \geq 150:<ul style="list-style-type: none">• NTG 0.8mg SL <u>SO</u>. MR q3-5" <u>SO</u>If systolic BP \geq 100<ul style="list-style-type: none">• NTG Ointment 1" <u>SO</u>If systolic BP $<$ 100:<ul style="list-style-type: none">• NTG 0.4mg SL per <u>BHO</u> MR <u>BHPO</u> • CPAP at 5-10cm H₂O <u>SO</u> <p>Respiratory Distress ?Non-Cardiac</p> <ul style="list-style-type: none">• Albuterol 6ml 0.083% via nebulizer <u>SO</u>. MR <u>SO</u>• Atrovent 2.5ml 0.02% via nebulizer added to first dose of Albuterol <u>SO</u> • CPAP at 5-10cm H₂O <u>SO</u> <p>If severe respiratory distress/failure or inadequate response to Albuterol/Atrovent consider:</p> <ul style="list-style-type: none">• Epinephrine 0.3mg 1:1000 IM <u>SO</u>. MR x2 q10" <u>SO</u> • If no definite history of asthma: Epinephrine 0.3mg 1:1000 IM <u>BHPO</u> MR x2 q10" <u>BHPO</u>
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Note: -If any patient has taken an erectile dysfunction medication such as Viagra, Cialis, and Levitra within 48 hours, NTG is contraindicated.

--May encounter patients taking similar medication for pulmonary hypertension, usually Sildenafil (trade name: Revatio, Flolan, Veletri). NTG is contraindicated in these patients as well.

--Use caution with CPAP if ?COPD, start low and titrate pressure.

--Epinephrine IM: use caution if known cardiac history or history of hypertension or BP $>$ 150 or age $>$ 40

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Approved:



EMS Medical Director