

## BLS

## ALS

<ul style="list-style-type: none"><li>• Ensure patent airway</li><li>• Reassurance</li><li>• O<sub>2</sub> Saturation prn</li><li>• O<sub>2</sub> and/or ventilate prn</li> <li>• May assist patient to self medicate own prescribed MDI <b>ONE TIME ONLY</b>. Base Hospital contact required prior to any repeat dose.</li></ul> <p><b><u>Hyperventilation:</u></b></p> <ul style="list-style-type: none"><li>• Coaching/reassurance</li><li>• Remove patient from causative environment.</li><li>• Consider underlying medical problem.</li></ul> <p><b><u>Toxic Inhalation (CO exposure, smoke gas, etc.):</u></b></p> <ul style="list-style-type: none"><li>• Move patient to safe environment</li><li>• 100% O<sub>2</sub> via mask</li><li>• Consider transport to facility with hyperbaric chamber for suspected carbon monoxide poisoning for unconscious or pregnant patient</li></ul> <p><b><u>Respiratory Distress with croup-like cough:</u></b></p> <ul style="list-style-type: none"><li>• Aerosolized saline or water 5ml via oxygen powered nebulizer/mask. MR prn</li></ul>	<ul style="list-style-type: none"><li>• Monitor EKG</li><li>• Capnography monitoring <u>SO</u> prn</li><li>• IV/IO <u>SO</u>, adjust prn</li><li>• Intubate <u>SO</u> prn</li><li>• NG/OG prn per <u>SO</u></li></ul> <p><b><u>Respiratory Distress Suspected CHF/cardiac origin:</u></b></p> <ul style="list-style-type: none"><li>• <b><u>NTG SL:</u></b> <b>If systolic BP <math>\geq</math> 100 but <math>&lt;</math>150:</b> NTG 0.4mg SL <u>SO</u>. MR q3-5" <u>SO</u></li><li><b>If systolic BP <math>\geq</math> 150:</b><ul style="list-style-type: none"><li>• NTG 0.8mg SL <u>SO</u>. MR q3-5" <u>SO</u></li></ul></li><li><b>If systolic BP <math>\geq</math> 100</b><ul style="list-style-type: none"><li>• NTG Ointment 1" <u>SO</u></li></ul></li><li><b>If systolic BP <math>&lt;</math> 100:</b><ul style="list-style-type: none"><li>• NTG 0.4mg SL per <u>BHO</u> MR <u>BHPO</u></li></ul></li><li>• CPAP at 5-10cm H<sub>2</sub>O <u>SO</u></li></ul> <p><b><u>Respiratory Distress Suspected Non-Cardiac</u></b></p> <ul style="list-style-type: none"><li>• Albuterol 6ml 0.083% via nebulizer <u>SO</u>. MR <u>SO</u></li><li>• Atrovent 2.5ml 0.02% via nebulizer added to first dose of Albuterol <u>SO</u></li><li>• CPAP at 5-10cm H<sub>2</sub>O <u>SO</u></li></ul> <p><b><u>If severe respiratory distress/failure or inadequate response to Albuterol/Atrovent consider:</u></b></p> <ul style="list-style-type: none"><li>• Epinephrine 0.3mg 1:1000 IM <u>SO</u>. MR x2 q10" <u>SO</u></li><li>• If no definite history of asthma: Epinephrine 0.3mg 1:1000 IM <u>BHPO</u> MR x2 q10" <u>BHPO</u></li></ul>
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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