

BLS

ALS

<ul style="list-style-type: none">• Ensure patent airway• Dislodge any airway obstruction• O₂ Saturation• Transport in position of comfort• Reassurance• Carboxyhemoglobin monitor prn, if available <ul style="list-style-type: none">• O₂ and/or ventilate prn <ul style="list-style-type: none">• May assist patient to self medicate own prescribed MDI ONE TIME ONLY. Base Hospital contact required to any repeat dose. <p><u>Hyperventilation:</u></p> <ul style="list-style-type: none">• Coaching/reassurance.• Remove patient from causative environment.• Consider underlying medical problem. <p><u>Toxic Inhalants (CO exposure, smoke, gas, etc.):</u></p> <ul style="list-style-type: none">• Consider transport to facility with Hyperbaric chamber for suspected carbon monoxide poisoning for unconscious or pregnant patient <p><u>Respiratory Distress with croup-like cough:</u></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• IV <u>SO</u> adjust prn• BVM prn, if unable to adequately ventilate via BVM intubate <u>SO</u>• Capnography monitoring <u>SO</u> prn <p><u>Respiratory Distress with bronchospasm:</u></p> <ul style="list-style-type: none">• Albuterol per drug chart via nebulizer <u>SO</u>. MR <u>SO</u>• Atrovent per drug chart via nebulizer added to first dose of Albuterol <u>SO</u> <p><u>If severe respiratory distress with bronchospasm or inadequate response to Albuterol/Atrovent consider:</u></p> <ul style="list-style-type: none">• Epinephrine 1:1,000 per drug chart IM <u>SO</u>. MR x2 q10" <u>SO</u> <p><u>Respiratory Distress with stridor at rest:</u></p> <ul style="list-style-type: none">• Epinephrine 1:1,000 per drug chart via nebulizer <u>SO</u> MR x1 <u>SO</u>
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Note: If history suggests epiglottitis, do NOT visualize airway; utilize calming measures.
Avoid Albuterol in Croup.

-Consider anaphylaxis if wheezing in the patient with pediatric distress, especially if no history of asthma. Refer to Allergic Reaction/Anaphylaxis Protocol (S-162)

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Approved:



EMS Medical Director