



BLS

ALS

<ul style="list-style-type: none"> • Ensure patent airway • Reassurance • Dislodge any airway obstruction. Treat per Airway Obstruction Protocol (S-121) • O2 saturation • O2 and/or ventilate PRN • Transport in position of comfort • Carboxyhemoglobin monitor PRN, if available • May assist patient to self-medicate own prescribed MDI once only. BH contact required for additional dose(s) <p>Toxic inhalation (e.g., CO exposure, smoke, gas)</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 CO poisoning for unconscious or pregnant patients <p>Croup-like cough</p> <ul style="list-style-type: none"> • Aerosolized saline or water 5 mL via O₂-powered nebulizer/mask, MR PRN 	<ul style="list-style-type: none"> • Monitor/ECG • Capnography • IV/IO ^(A) • Intubate PRN • NG/OG PRN <p>Suspected CHF/cardiac origin</p> <ul style="list-style-type: none"> • NTG¹ SL <ul style="list-style-type: none"> • If systolic BP ≥100 but <150: NTG 0.4 mg SL, MR q3-5 min ^(A) • If systolic BP ≥150: NTG 0.8 mg SL, MR q3-5 min ^(A) • CPAP 5-10 cmH₂O <p>Suspected non-cardiac origin²</p> <ul style="list-style-type: none"> • Albuterol/Levalbuterol 6 mL via nebulizer, MR ^(A) • Ipratropium bromide 2.5 mL 0.02% via nebulizer added to first dose of albuterol/levalbuterol • CPAP 5-10 cmH₂O <p>Unable to tolerate CPAP</p> <ul style="list-style-type: none"> • Midazolam 0.5-1 mg IM/IN/IV <p>Severe respiratory distress/failure or inadequate response to nebulized treatments consider</p> <p>History of asthma or suspected allergic reaction</p> <ul style="list-style-type: none"> • Epinephrine 1:1,000 (1 mg/mL) 0.5 mg IM, MR x2 q5 min ^(A) <p>Intubated patients with agitation and potential for airway compromise</p> <ul style="list-style-type: none"> • Midazolam 2-5 mg IM/IN/IV/IO, MR x1 in 5-10 min
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Notes:

- For respiratory arrest, immediately start BVM ventilation
- Use caution with CPAP in patients with COPD; start low and titrate pressure
- Epinephrine IM: Use caution if known cardiac history, history of hypertension, SBP >150 mmHg, or age >40
- Fireline paramedics without access to O₂ may use MDI

¹ NTG is contraindicated in patients who have taken erectile dysfunction medications such as sildenafil (Viagra®), tadalafil (Cialis®), and vardenafil (Levitra®) within 48 hours; and pulmonary hypertension medications such as sildenafil (Revatio®), and epoprostenol sodium (Flolan®) and (Veletri®)

² Infection control: If concerned about aerosolized infectious exposure, substitute with MDI, if available