Stable	**Unstable**
Blood pressure >90 mmHg	Systolic blood pressure <90 mmHg, and/or signs of poor perfusion

Adult BLS Standing Orders

Stable

- **Universal Patient Protocol**
- Ensure patent airway, give oxygen and/or ventilate PRN per **Airway Policy**
- Maintain O2 saturation > 95%
- Monitor O2 saturation, ECG, blood pressure, and capnography (if ALS present) continuously PRN
- Suction aggressively as needed

RESPIRATORY DISTRESS WITH SUSPECTED BRONCHOSPASM

- May assist patient with prescribed albuterol inhaler

SUSPECTED ACUTE STRESSOR/ HYPERVENTILATION SYNDROME

- Remove from any causative environment
- Coaching / reassurance
- Do not utilize paper bag or mask rebreathing

Unstable

- **Universal Patient Protocol**
- Ensure patent airway, give oxygen and/or ventilate PRN per **Airway Policy**
- Maintain O2 saturation > 95%
- Monitor O2 saturation, ECG, blood pressure, and capnography (if ALS present) continuously PRN
- Suction aggressively as needed

RESPIRATORY DISTRESS WITH SUSPECTED BRONCHOSPASM

- May assist patient with prescribed albuterol inhaler

SUSPECTED ACUTE STRESSOR/ HYPERVENTILATION SYNDROME

- Remove from any causative environment
- Coaching / reassurance
- Do not utilize paper bag or mask rebreathing

Adult LALS Standing Order Protocol

Stable

- Establish IV access PRN

SUSPECTED BRONCHOSPASM (Suspected asthma or COPD)

- Albuterol – 2.5 mg nebulized (give 5 mg if in severe distress)

SUSPECTED CARDIAC ETIOLOGY (CHF)

- Nitroglycerin – 0.4 mg SL q 5 min up to three (3) doses for severe distress (BP >100 mmHg systolic)

Unstable

- Establish IV access
- Provide 500-1,000 ml IV bolus for hypotension if cardiac cause not suspected

SUSPECTED BRONCHOSPASM (Suspected Asthma, COPD)

- Albuterol – 2.5 - 5 mg nebulized

Adult ALS Standing Order Protocol

Stable

- Insert ETT airway – PRN per **Airway Policy**
- Establish IO PRN

SUSPECTED BRONCHOSPASM (Suspected asthma, COPD)

- Ipratropium (Atrovent) – 2.5 mL added to first dose of albuterol via nebulizer
- Consider NIPPV – See **NIPPV Procedure**

SUSPECTED CARDIAC ETIOLOGY (CHF)

- Repeat nitroglycerin- 0.4 mg SL q 5 min up to three (3) doses (BP >100 mmHg systolic)
- Consider NIPPV – See **NIPPV Procedure**

Unstable

- Insert ETT airway – PRN per **Airway Policy**
- Establish IO PRN
- Provide 500-1,000 ml IO bolus for hypotension if cardiac cause not suspected

SUSPECTED BRONCHOSPASM (Suspected asthma, COPD)

- Ipratropium (Atrovent) – 2.5 mL added to first dose of albuterol via nebulizer
- Consider NIPPV – See **NIPPV Procedure**

NIPPV can increase intrathoracic pressure and drop a patient's blood pressure. Perform frequent BP rechecks, and do not use in profound or refractory hypotension.

	SUSPECTED CARDIAC ETIOLOGY (CHF) • Consider NIPPV – See **NIPPV Procedure**

Adult Base Hospital Orders

SUSPECTED BRONCHOSPASM (Suspected Asthma, COPD) **Asthma only: Patients without improvement with nebulizer** • BH – Epinephrine – 1:1,000 – 0.3 mg IM (Use with caution in patients over 40 yrs, heart disease, or BP > 150 systolic) **SUSPECTED CARDIAC ETIOLOGY (CHF)** • BH – Nitroglycerin – 0.4 mg SL q 5min if BP >100 mmHg	**SUSPECTED BRONCHOSPASM** (Suspected Asthma, COPD) **Asthma only: Patients without improvement with nebulizer** • BH – Epinephrine – 1:1,000 – 0.3 mg IM (Use with caution in patients over 40 yrs, heart disease, or BP > 150 systolic) • BHP – Push dose epinephrine for hypotension **SUSPECTED CARDIAC ETIOLOGY (CHF)** • BH – Dopamine – 400mg/ 250mL NS - 10-20 mcg/kg/min indicate by BP <90 mmHg systolic. Titrate to BP of 90-100 mmHg systolic

Notes:

- **Not all wheezing is from bronchospasm. A cardiac wheeze can occur from heart failure. If a patient does not have known COPD or asthma, albuterol may not help the patient and may be harmful. If they have pedal edema, and/or heart disease without COPD or asthma, and new wheezing, consider NIPPV in these patients**
- **If a pediatric or elderly demented patient presents with stridor or significant upper airway noise, consider foreign body ingestion/aspiration as source of distress**

APPROVED:

Signature on File
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EMS Medical Director