

EMT-B & AEMT-INTERMEDIATE NEBULIZED ALBUTEROL TREATMENT PROTOCOL

For patients between ***one and sixty-five years of age, who are experiencing an exacerbation of their previously diagnosed asthma***

NOTE: For patients in severe respiratory distress, call for advanced life support assistance. Do not delay transport!

1. Assess the airway.
2. Administer high concentration oxygen.
3. Monitor breathing.
NOTE: If patient exhibits signs of imminent respiratory failure, assist breathing and call for ALS immediately.
4. Do not permit physical activity.
5. Place the patient in the Fowler's or Semi-Fowler's position.
6. Assess the following prior to the administration of the first nebulizer treatment:
 - Vital signs
 - Patient's ability to speak in complete sentences
 - Accessory muscle use
 - Wheezing
 - Patient's assessment of severity (Scale 1-10)

NOTE: For patients with a history of angina, myocardial infarction, arrhythmia, or congestive heart failure, medical control must be contacted prior to initiating step #7.

7. Administer Albuterol sulfate 0.085%, one unit dose or 3.0 cc via nebulizer, at a flow rate that will deliver the solution over 5-15 minutes. Do not delay transport to complete medication administration.
8. Begin transport.
9. If symptoms persist, treatment may be repeated once for a total of two (2) doses.
10. Reassess the patient after each treatment and frequently enroute to the hospital. Upon transfer to an ALS provider or receiving hospital, reassess the patient. (See step #6).
11. Document all assessments and treatments (timed) thoroughly on the PCR.

NOTE: Medical control must be contacted for any patient covered by this protocol who refuses medical assistance or transport.

**NOTICE OF INTENT TO PROVIDE
EMT-B NEBULIZED ALBUTEROL**

Agency Name _____

Agency Address _____

Town _____ State _____ Zip Code _____

Non-Emergency Telephone _____

Emergency Telephone _____

Agency Medical Director _____

Medical Director's Address _____

Town _____ State _____ Zip Code _____

Telephone _____

Medical Director's Statement

I, the medical director for the above named EMS agency, have reviewed the intent of the agency to provide nebulized albuterol by EMT-B and AEMT-Intermediate level personnel, and hereby approve of such intent. As agency medical director, I will be involved in the training of BLS personnel in this protocol and technique, and in the QI process of the agency in regard to this protocol as well as all agency protocols, procedures, and practices, including continuing medical education for all agency personnel.

Signed _____, Agency Medical Director

Date _____

Agency Chief Operating Officer's Statement

We, the above named EMS agency, hereby notify the AAREMS regional medical advisory committee that we hereby intend to provide nebulized albuterol by EMT-B and AEMT-Intermediate level personnel according to AAREMS protocols. We agree to cooperate with the REMAC in the regional Quality Improvement process and to submit copies of all PCRs and continuation forms to the appropriate regional office on a monthly basis. We further agree that we will provide initial training to all EMT-B personnel using the AAREMS training packet and skill performance sheet, that we will keep training records on all personnel, and that we will provide yearly re-training on this protocol and technique to all EMT-B and AEMT-Intermediate level personnel in our agency.

Agency Chief Operating Officer Signature _____ Date _____

Adirondack - Appalachian Regional Emergency Medical Services Council

Evaluation Albuterol Administration via Hand-held Nebulizer

EMT-B Name _____ Date _____

SKILL	STEP	Acceptable	Unacceptable
Patient Evaluation	Verbalizes patient evaluation: Vital signs & Breath sounds (wheezing) Ability to speak in complete sentences Pt's assessment of severity (scale 1-10)	_____	_____
Indications	Verbalizes standing orders & conditions under which medical control must be contacted	_____	_____
Body Substance Isolation Precautions	Verbalizes appropriate body substance isolation precautions	_____	_____
Preparation	Gathers and assembles appropriate Equipment; Checks expiration date	_____	_____
	Fills nebulizer chamber with medication	_____	_____
	Attaches nebulizer to non-humidified oxygen source and adjusts rate to 6 lpm (8 lpm if mask is used) Assures mist	_____	_____
Administration	Explains procedure to patient	_____	_____
	Places mouthpiece in patient's mouth (or mask on patient's face)	_____	_____
	Instructs patient to inhale deeply and hold breath for 3-5 seconds	_____	_____
	Verbalizes that treatment will continue until medicine is gone from nebulizer	_____	_____
Reevaluation	Verbalizes patient reevaluations: Breath sounds (wheezing) Vital signs Pt's ability to speak in complete sentence Pt's assessment of severity (Scale 1-10)	_____	_____
Repeat Treatment	Verbalizes repeat treatment X 1 if patient's symptoms continue	_____	_____
Documentation	Verbalizes documentation of: PMH, medications, allergies All assessment criteria listed above prior to administration Albuterol administration including time, dose, method, who administered Patient response including all assessment criteria listed above Medical control contact information including time, method, hospital, MD, order, how and when further orders were carried out.	_____	_____

COMMENTS:

Evaluator's Signature _____