



EMT-Basic Treatment Protocol 6302

Bronchospasm

Page 1 of 2

Bronchospasm may be the manifestation of several disease processes, most commonly asthma, chronic bronchitis and emphysema (COPD). Physical examination reveals wheezing and prolonged expiratory phase of breathing. Treatment is directed toward reversing the bronchoconstriction.

A. Perform **MAMP Protocol 6201**.

B. If heart rate is <130 (<150 pediatric):

1. Administer albuterol nebulizer 2.5 mg with oxygen 8-10 LPM per order of **Medical Command**.



2. Reassess vital signs and lung sounds.

3. If distress is unrelieved:

a. Expedite transport. Consider ALS back-up.

b. **Contact Medical Command** to administer second albuterol nebulizer 2.5 mg.



c. If distress continues, repeat albuterol every 10 to 15 minutes as **ordered by MCP**.



4. If distress is relieved:

a. Monitor vital signs and transport.

b. Notify Medical Command.

C. If heart rate is >130 (>150 pediatric):

1. Confirm that patient's tachycardia appears to be from respiratory distress and not from other causes.



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Page 2 of 2

2. If patient is under age 45 and has no cardiac history:

a. Proceed with treatment as in "B" above, per order of **Medical Command**.



b. Monitor patient's symptoms and vital signs very closely.

c. If any signs of increasing chest pain or cardiac symptoms develop, stop nebulizer, and treat per appropriate protocol.

d. **Contact Medical Command**. Further treatment as ordered by Medical Command.



3. If patient is over age 45 and/or has a cardiac history, **consult with MCP** before proceeding with treatment in "B" above.



4. Further treatment **per order of MCP**.

D. Special Notes:

1. A very small percentage of COPD patients are on hypoxic drive and high concentrations of oxygen may result in depressed respirations. It is important to continuously monitor the patient's respiratory rate and adjust oxygen rate or assist respirations as directed by Medical Command.
2. If respiratory distress appears to be caused from an acute allergic reaction, go to **Allergic Reaction/Anaphylaxis Protocol 4501**.
3. If respiratory distress appears to be from trauma, treat per appropriate protocols.