



EMSA-Intermediate Treatment Protocol 5302

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 5201**.

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

1. Administer albuterol nebulizer 2.5 mg with oxygen 8-10 LPM.
2. Reassess vital signs and lung sounds.
3. If distress is unrelieved:
 - a. Expedite transport.

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



c. If patient is an adult and has no history of glaucoma and is not pregnant, consider administration of ipratropium bromide (*Atrovent*) 500 mcg in 2.5 ml normal saline by nebulizer after the second albuterol treatment **per order of MCP**.



d. If distress continues, repeat albuterol and/or ipratropium bromide every 10 to 15 minutes as **ordered by MCP**.

e. If distress continues and patient is <35 years of age and has no history of cardiac disease or hypertension, consider administration of epinephrine 1:1000, 0.01 mg/kg SQ, not to exceed 0.3 mg per dose **per MCP order**.



4. If distress is relieved:
 - a. Monitor vital signs and transport.
 - b. Notify Medical Command.



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Page 2 of 2

- 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.
 2. If patient is under age 45 and has no cardiac history:
 - a. Proceed with treatment as in "B" above.
 - 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.**

