

RESPIRATORY – BRONCHOSPASM ASTHMA/COPD/CRUOP																									
ADULT	PEDIATRIC (≤34 KG)																								
BLS																									
<ul style="list-style-type: none"> • Universal Protocol #601 • Pulse Oximetry <ul style="list-style-type: none"> ○ O₂ administration per Airway Management Protocol #602 • May assist with patient's prescribed medication, inhaler, etc. 																									
BLS Elective Skills (Approved Providers Only)																									
• CPAP per Airway Management Protocol #602	• None																								
BLS Optional Scope Skill (Approved Providers Only)																									
ASTHMA	ASTHMA																								
Moderate to Severe Distress	Moderate to Severe Distress (≥15 kg)																								
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ALS Standing Orders																									
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	<p>Stable</p> <ul style="list-style-type: none"> • Humidified oxygen via HHN/Mask or blow-by
Base Hospital Orders Only	
Unresponsive to previous therapy	Unresponsive to previous therapy
<ul style="list-style-type: none"> • Epinephrine 1:1,000 0.01 mg/kg IM – subsequent doses • Epinephrine 1:10,000 0.01 mg/kg (0.1 mL/kg) slow IV titrated – not to exceed 0.5 mg • If Magnesium Sulfate toxicity is suspected, contact base for Calcium Chloride orders – 1 Gm slow IVP • As needed 	
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Notes	
<p>BRONCHOSPASM – narrowing of lower airways, may be associated with: wheezes, cough, and chest tightness</p> <ul style="list-style-type: none"> • Can be caused by: respiratory infections, exposures (toxins, allergens, fire/smoke), exercise, stress, cold dry air • Evaluate history of: chronic lung disease, prescribed medications, allergies, chronic infections (TB, Coccidioidomycosis) 	
<p>Magnesium Sulfate Mixing Instructions:</p> <p>For adults - 1 Gm IV in 100cc normal saline over 10 minutes, immediately repeated once for a total dose of 2 Gm IV</p> <p>For Pediatric – appropriate weight-based dosing of \leq 1 Gm in 100 mL of NS over 20 minutes. If patient appropriate weight-based dose is $>$ 1 Gm, administer 1 Gm in 100 mL NS over 10 minutes followed by remaining Magnesium Sulfate in additional 100 mL bag over 10 minutes.</p> <p>Respiratory depression following Magnesium Sulfate administration is more likely with a too-fast IV infusion rate - ensure proper drip rate</p> <p>Indications for Magnesium Sulfate toxicity:</p> <ul style="list-style-type: none"> • Respiratory Depression • New onset altered mental status • New onset cardiac rate and rhythm changes • Hyporeflexia (decrease or loss of deep tendon reflexes) 	