

*Respiratory patients include the following; Asthma, COPD, bronchospasm, RSV, and croup.*

- 1) **Routine Medical Assessment**
- 2) **Administer oxygen at 2 lpm using side stream capnography cannula. Titrate oxygen to maintain an oxygen saturation of at least 94%.**
- 3) **Administer a unit dose (2.5 mg) albuterol mixed with a unit dose (0.5 mg) Atrovent via nebulizer mask assembly.**
  - a) For pediatric patients:
    - All should receive albuterol
    - Patients over 5 years old should also receive atrovent.
    - Nebulized saline can be used for treatment of croup.
- 4) **If respiratory distress continues after the first nebulized treatment:**
  - a) Administer another unit dose (2.5 mg) albuterol.
  - b) Use CPAP if patient meets CPAP criteria
    - Refer to CPAP protocol
- 5) **FOR ASTHMA ONLY: If patient's condition does not improve with two nebulizer treatments and CPAP, administer 0.01mg/kg 1:1000 epinephrine subcutaneously to a max dose of 0.3 mg. NOTE: Contact Medical Control for patients with previous cardiac history or age greater than 55 years old. Administer 2 Grams Magnesium Sulfate IV over 10 minutes.**
- 6) **Apply the cardiac monitor and obtain 12 leads on patients over 18y/o.**

*NOTE: To mix the magnesium sulfate, draw up 4 cc of magnesium sulfate in a 10 cc syringe. Draw up 6 cc of normal saline and administer the 10 cc dose of 20% magnesium sulfate over 10 minutes.*