

## APPENDIX: F

## TITLE: NEBULIZED BRONCHODILATOR TREATMENT PROCEDURE

REVISED: January 28, 2010

**I. INDICATIONS:**

- Wheezing or silent chest on exam
- Acute laryngeal edema secondary to anaphylaxis
- Epiglottitis and croup
- Decreased air exchange with a history of asthma, COPD, cardiac asthma, anaphylaxis, or toxic inhalation injury

**II. CONTRAINDICATIONS/CONSIDERATION:** *medical problems complicating the situation*

- Systolic BP > 200 mmHg
- Diastolic BP > 110 mmHg
- Wide complex tachycardia
- Ischemic chest pain
- Pregnant and nursing mothers (relative)
- Sensitivity to medication (Note: Atrovent is contraindicated in patients with sensitivity to peanuts or soybeans)

**III. MEDICATIONS:**

Many different medications are administered via nebulizer. Below are just the ones covered in ACEMSS SWO's. This does not preclude the use of other medications as dictated by special situations (i.e. Haz-Mat exposures, Cystic Fibrosis), as approved by medical control, orders from an attending physician, or special protocols.

- Albuterol (Proventil) 2.5 mg (0.083% in 3 cc)
- Ipratropium bromide (Atrovent) 0.5 mg (0.02% in 2.5 cc) (usually combined with Albuterol) If second or continuing nebulizer treatments are required, use Albuterol (Proventil) only, unless directed otherwise by a medical control physician
- Epinephrine (Adrenalin) 1:1,000 solution 5 mg/5 cc

**IV. PROCEDURES:**

1. Patients, when appropriate, should have a cardiac monitor and venous access established with bronchodilator treatment
2. Set up the nebulizer, add medication to chamber, set for an oxygen flow rate of 6-8 L/min if using a mouthpiece, 8 - 10 L/min if using mask or ET tube. Encourage the patient to take slow, deep breaths. Insure that there is a good seal at the mouthpiece or mask, and that the nebulizer unit is held level
3. Tap the side of nebulizer chamber periodically to completely disperse medication
4. Discontinue treatment if there is a dramatic increase in heart rate, frequent ventricular ectopy develops, or the patient develops CNS symptoms
5. All patients receiving nebulized bronchodilator treatments in the field must be evaluated for at least one hour after treatment for recurrence of symptoms
6. Use Air-Bear pediatric nebulizer per manufacturer directions

**NEBULIZED BRONCHODILATOR TREATMENT**

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