

ASTHMA / COPD STANDING ORDER

- Initiate immediate supportive care:
- Oxygen to keep SAT > 90% *
 - Cardiac monitor
 - Position of comfort

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Use standing order on patients greater than 16 years of age with these symptoms:

- Respiratory rate > 20
- Use of accessory muscles
- Labored breathing
- Rales/wheezing
- History of respiratory disease;
 - Asthma
 - COPD/Emphysema: including Home O2, Medications
 - Rales or Wheezing

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Standing order **should not** be used on patients with these symptoms:

- Atypical or confusing presentation
- Dysrhythmias where ACLS might be considered
- Altered level of consciousness
- Hypotension
- Absent breath sounds
- Smoke inhalation
- Upper airway obstruction
- Chest discomfort/pain
- JVD



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COPD

- Anaphylaxis
- Significant hemorrhage
- Seizures
- Absent breath sounds

Patient meets exclusion criteria or wishes to refuse

**E
X
C
L**

ASTHMA

- Anaphylaxis
- Significant hemorrhage
- Seizures
- Absent breath sounds

- Albuterol + Ipratropium NS unit dose by SVN
- IV of NS-TKO
- Administer Methylprednisolone 2 mg/kg IVP up to 125 mg
- Repeat Albuterol only every 5 minutes as needed

Contact medical direction **IMMEDIATELY**

- Albuterol + Ipratropium NS unit dose by SVN
- IV of NS-TKO
- Administer Methylprednisolone 2 mg/kg IVP up to 125 mg
- Repeat Albuterol only every 5 minutes as needed

No improvement or patient condition deteriorates, contact medical direction **IMMEDIATELY** and consider BVM or intubation if

- Respiratory rate <8- Pulse OX < 80% on O2
- Decreased LOC

* In patients with chronic lung disease, home O2 use, or known chronic hypoxemic states, apply caution with O2 use and check ventilatory status frequently

No improvement or patient condition deteriorates:

- If < 50 years old with no known cardiac disease administer 0.5 IM Epi (1:1000)
- Begin infusion of Magnesium Sulfate: 2 gm in 50cc NS IVPB over 30 minutes. Stop infusion if hypotension or bradycardia develop.