

# ASTHMA / COPD STANDING ORDER

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

I  
N  
C  
L  
U  
S  
I  
O  
N

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

E  
X  
C  
L  
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N

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
- Cyanosis
- Chest discomfort/pain
- JVD



**E  
X  
C  
L**

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

Contact medical direction **IMMEDIATELY**

- Albuterol + Atrovent NS unit dose by SVN
- IV of NS-TKO
- Administer Solumedrol 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 0.3 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.