### 2.11 RESPIRATORY DISTRESS: BRONCHOSPASM

**BLS Treatment**

- Position of comfort.
- NPO
- **Oxygen** as indicated.

**ALS Treatment**

- Establish IV/IO of **Normal Saline TKO**.
- Monitor **O2** saturation.
- If available, administer **Albuterol** via Metered Dose Inhaler (MDI) as a frontline therapy for patients with mild-to-moderate respiratory distress with bronchospasm. Either a provider-supplied MDI or the patient’s own MDI may be utilized, however, the patient’s MDI should take priority.
- **Albuterol** via nebulizer when an MDI is unavailable, or for bronchospasm that is refractory to MDI. May be repeated as needed until relief of symptoms.
- For patients with severe refractory bronchospasm who are less than 50 years old and /or NO history of coronary artery disease or hypertension; administer:
  - IM **Epinephrine**
  - If no response to IM **Epinephrine** or patient is in extremis: IV **Epinephrine**.
- Follow **Protocol 7.01 Airway Management** for advanced procedures as indicated.

**Base Hospital Contact Criteria**

- To administer **Epinephrine** to patients ≥ 50 years of age.
- If additional **Epinephrine** administration is needed beyond max dose.