

Adult COPD / Asthma

History

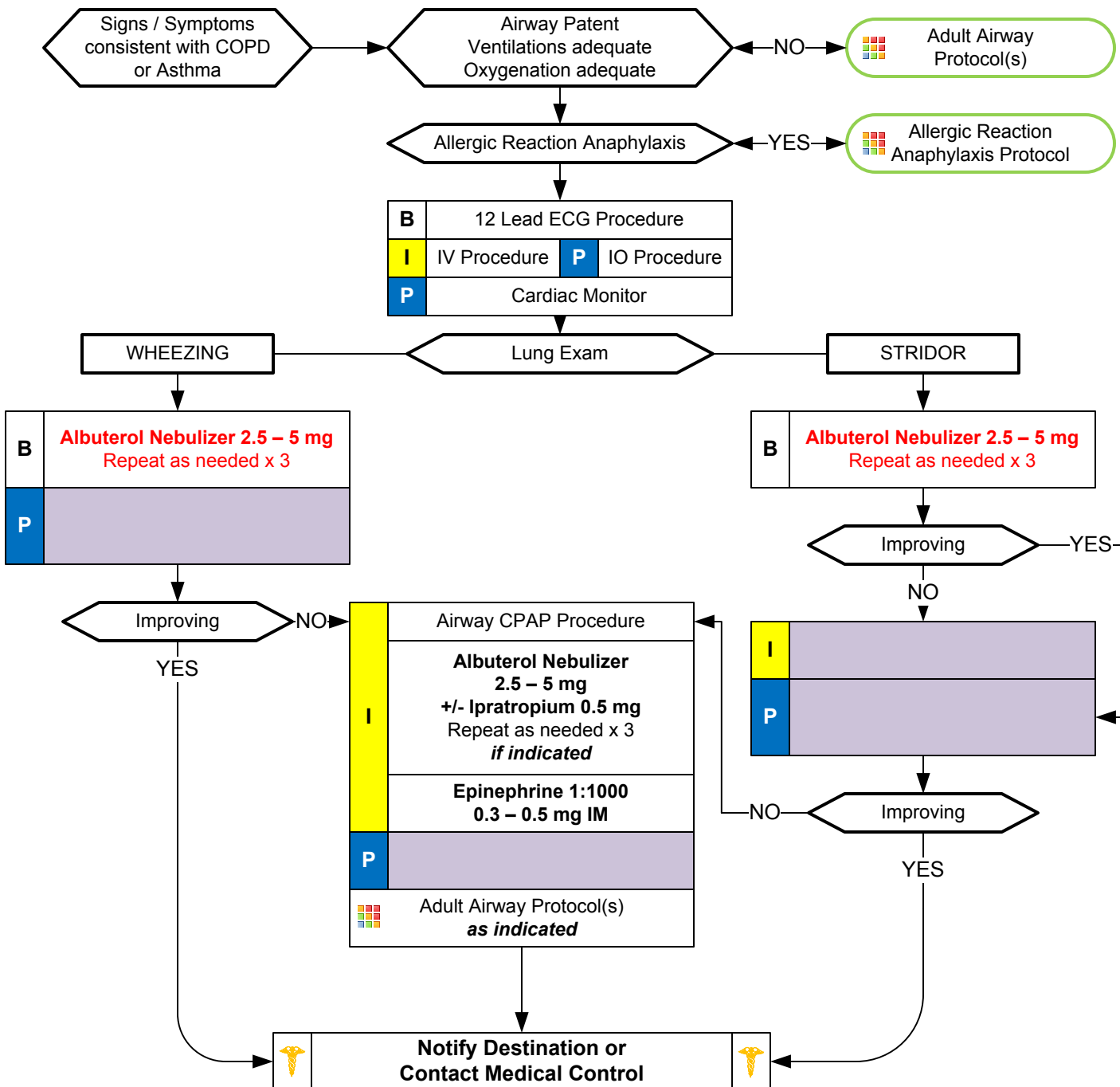
- Asthma; COPD -- chronic bronchitis, emphysema, congestive heart failure
- Home treatment (oxygen, nebulizer)
- Medications (theophylline, steroids, inhalers)
- Toxic exposure, smoke inhalation

Signs and Symptoms

- Shortness of breath
- Pursed lip breathing
- Decreased ability to speak
- Increased respiratory rate and effort
- Wheezing, rhonchi
- Use of accessory muscles
- Fever, cough
- Tachycardia

Differential

- Asthma
- Anaphylaxis
- Aspiration
- COPD (Emphysema, Bronchitis)
- Pleural effusion
- Pneumonia
- Pulmonary embolus
- Pneumothorax
- Cardiac (MI or CHF)
- Pericardial tamponade
- Hyperventilation
- Inhaled toxin (Carbon monoxide, etc.)

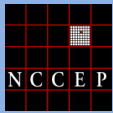


Adult Medical Section Protocols

Protocol 26

Revised 12/13/2012

Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS



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Pearls

- **Recommended Exam: Mental Status, HEENT, Skin, Neck, Heart, Lungs, Abdomen, Extremities, Neuro**
- **Items in Red Text are key performance measures used to evaluate protocol compliance and care**
- **Patients who are ≥ 50 years of age, have a history of cardiac disease, take Beta-Blockers / Digoxin or patient's who have heart rates ≥ 150 give one-half the dose of epinephrine (0.15 – 0.25 mg of 1:1000.) Epinephrine may precipitate cardiac ischemia. These patients should receive a 12 lead ECG at some point in their care, but this should NOT delay administration of epinephrine.**
- **Pulse oximetry should be monitored continuously.**
- ETCO₂ should be used when Respiratory Distress is significant and does not respond to initial Beta-Agonist dose.
- A silent chest in respiratory distress is a pre-respiratory arrest sign.
- **EMT-B may administer Albuterol if patient already prescribed and may administer from EMS supply.** Agency medical director may require Contact of Medical Control prior to administration.