This protocol is used for patients who are complaining of dypsnea and having wheezing.

A patient with a history of CHF that has wheezing on auscultation of lung sounds should not be automatically classified as an "asthma patient".

If the CHF patient does not have a history of asthma or allergic reaction, the more prudent assessment would be that of CHF (cardiac asthma).

Supportive Care

1. Medical Supportive Care Protocol, including pulse oximeter and capnography.

ALS Level 1

1. Albuterol 1 nebulizer treatment containing 0.5 ml (2.5 mg) of Albuterol mixed with 2.5 ml normal saline.

2. If bronchospasm continues, repeat Albuterol 1 nebulizer treatment containing 0.5 ml (2.5 mg) of Albuterol mixed with 2.5 ml normal saline

3. If bronchospasm continues, repeat Albuterol 1 nebulizer treatment containing 0.5 ml (2.5 mg) of Albuterol mixed with 2.5 ml normal saline

4. Consider need for CPAP.

5. Consider need for intubation.

6. For severe dyspnea consider Epinephrine (1:1,000) 0.3 mg SQ (a).

ALS Level 2 (Physician Authorization Required)

1. Repeat Epinephrine (1:1,000) 0.3 mg SQ (a) (b).
Note

(a) Caution should be used when the patient is older than 40 years of age or has a history of hypertension or heart disease.

(b) If hypotensive with delay in capillary refill, SQ may be ineffective, consider Epinephrine (1:10,000), 0.5 mg VERY SLOW IV (over 3-4 minutes)