NYC REMAC

Advisory No.	2010-02		
Title:	Revisions / Updates to REMAC Prehospital Treatment & Transport Protocols		
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The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

Due to questions received from field providers, the following protocols have been revised for the purposes of clarification only:

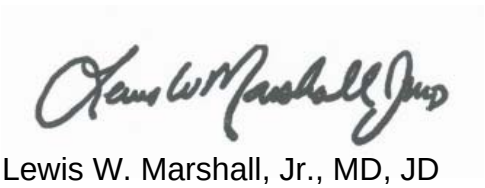
- ALS Protocol 507 – Asthma
- ALS Protocol 554 – Pediatric Asthma / Wheezing

For both protocols, Ipratropium Bromide is provided in a 0.02% solution (1 unit dose of 2.5 ml) which is 0.5 mg.

Actual protocols identifying specific changes are attached. New Language is **underlined and bold**. Deleted Language is ~~**struck-out**~~.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.



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Chair, Regional Emergency Medical Advisory Committee of New York City

507

ASTHMA

In patients with acute asthma and/or active wheezing:

1. Begin Basic Life Support Respiratory Distress procedures.
2. Administer Albuterol Sulfate 0.083% (one unit dose ~~**bottle**~~ of 3 ml), by nebulizer, at a flow rate that will deliver the solution over 5 to 15 minutes. May be repeated twice (total of 3 doses).
3. Administer Ipratropium Bromide **0.02%** ~~**0.5 mg**~~ (1 unit dose **of 2.5 ml**), by nebulizer, in conjunction with each Albuterol Sulfate dose.

NOTE: ALBUTEROL SULFATE AND IPRATROPIUM BROMIDE MAY BE MIXED AND ADMINISTERED SIMULTANEOUSLY, IF APPROVED BY THE AGENCY MEDICAL DIRECTOR.

IPRATROPIUM BROMIDE IS CONTRAINDICATED IN CASES OF SUSPECTED 'NUT' OR 'SOY' ALLERGY.

DO NOT DELAY TRANSPORT TO ADMINISTER ADDITIONAL NEBULIZER TREATMENTS.

4. In patients with signs of impending respiratory failure, administer Epinephrine 0.3 mg (0.3 ml of a 1:1,000 solution), IM.
5. Begin Cardiac Monitoring, record and evaluate EKG rhythm, in patients in severe respiratory distress with history of dysrhythmia or cardiac disease.
6. In patients in severe respiratory distress, begin an IV/Saline Lock infusion of Normal Saline (0.9% NS) to keep vein open, or a Saline Lock.
7. In patients with persistent severe respiratory distress, administer Magnesium Sulfate, 2 gm, IV/Saline lock, diluted in 50-100 ml Normal Saline (0.9% NS) over 10-20 minutes.
8. In patients with persistent severe respiratory distress, administer Methylprednisolone 125 mg, IV/Saline lock bolus, or IM,

   OR

   Administer Dexamethasone, 12 mg, IV/Saline Lock bolus, or IM.
9. If the patient develops or remains in severe respiratory distress, contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

OPTION A: Repeat Albuterol Sulfate 0.083% (one unit dose ~~**bottle**~~ of 3 ml), by nebulizer, at a flow rate that will deliver the solution over 5 to 15 minutes.

OPTION B: Repeat Epinephrine 0.3 mg (0.3 ml of a1:1,000 solution), IM.

OPTION C: Transportation Decision.

554

PEDIATRIC ASTHMA / WHEEZING

For pediatric patients with acute asthma and/or active wheezing:

1. Begin Basic Life Support Pediatric Respiratory Distress/Failure procedures.
2. Administer Albuterol Sulfate 0.083% (one unit dose ~~**vial**~~ of 3 ml), by nebulizer, at a flow rate that will deliver the solution over 5 – 15 minutes. (Refer to Length Based Dosing Device) May be repeated twice during transport (total of 3 doses).
3. Administer Ipratropium Bromide 0.02% (one unit dose **of 2.5 ml** ~~**vial of 0.5mL**~~ in children 6 years of age or older, one half unit dose **of 2.5 ml** ~~**vial of 0.5mL**~~ in children under 6 years of age), by nebulizer, in conjunction with each Albuterol Sulfate dose. (Refer to Length Based Dosing Device)
4. In patients one (1) year of age or older with severe respiratory distress, respiratory failure, and/or decreased breath sounds, administer Epinephrine 0.01 mg/kg (0.01 ml/kg of a 1:1,000 solution), IM. Maximum dose is 0.3 mg. (Refer to Length Based Dosing Device)

NOTE: SEVERE RESPIRATORY DISTRESS IN A CHILD IS CHARACTERIZED BY MARKEDLY INCREASED RESPIRATORY EFFORT, I.E., SEVERE AGITATION, DYSPNEA, TRIPOD POSITION, AND SUPRASTERNAL AND SUBSTERNAL RETRACTIONS.

A SILENT CHEST IS AN OMINOUS SIGN THAT INDICATES RESPIRATORY FAILURE AND ARREST ARE IMMINENT.

During transport, or if transport is delayed:

4. If the patient develops or remains in severe respiratory distress or respiratory failure, and/or continues to have decreased breath sounds, contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

OPTION A: Repeat Albuterol Sulfate 0.083% (one unit dose ~~**bottle**~~ of 3 ml), by nebulizer, at a flow rate that will deliver the solution over 5 to 15 minutes. (Refer to Length Based Dosing Device).

OPTION C: Repeat Epinephrine 0.01 mg/kg (0.01 ml/kg of a 1:1,000 solution), IM, 20 minutes after the initial dose. (Refer to Length Based Dosing Device)

OPTION D: Begin an IV infusion of Normal Saline (0.9% NS) to keep vein open, or a Saline Lock. Attempt IV no more than twice.

OPTION E: Transportation Decision.