



NYC REMAC

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Title:	Revised Advanced Life Support Protocol 507: Asthma		
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The Regional Emergency Medical Advisory Committee (REMAC) of New York City has revised Advanced Life Support Protocol 507: Asthma. The protocol has been revised to eliminate the age requirement to perform an EKG. All patients in severe respiratory distress with past cardiac history will have an EKG performed. Revisions are limited to Standing Order #3.

The protocol has been revised as follows: (New language is **double-underscored and bold**, deleted language is ~~struck out and bold~~)

Standing Orders

3. Begin Cardiac Monitoring, record and evaluate EKG rhythm, in patients in severe respiratory distress, ~~over 40 years of age, or~~ with history of dysrhythmia or cardiac disease.

Attached is a copy of the revised ALS Protocol # 507 – Asthma.

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.

This revised protocol revision will be effective July 1, 2005.

Lewis W. Marshall, Jr., MD, JD

Chair

Regional Emergency Medical Advisory Committee of New York City

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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).

OR

Administer Metaproterenol 5% (0.3 ml in 2.5 – 5 ml of Normal Saline (0.9% NS)), by nebulizer, at a flow rate that will deliver the solution over 5 – 15 minutes. May be repeated twice (total of 3 doses).

NOTE: DO NOT DELAY TRANSPORT TO ADMINISTER ADDITIONAL NEBULIZER TREATMENTS.

3. Begin Cardiac Monitoring, record and evaluate EKG rhythm, in patients in severe respiratory distress with history of dysrhythmia or cardiac disease.
4. 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.
5. 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.

OR

Repeat Metaproterenol 5% (0.3 ml in 2.5 - 5 ml of Normal Saline (0.9% NS)), by nebulizer, at a flow rate that will deliver the solution over 5 - 15 minutes.

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

OPTION C: Administer Magnesium Sulfate 2 gm, IV/Saline Lock drip, diluted in 50 - 100 ml Normal Saline (0.9% NS), over 10 - 20 minutes.

OPTION D: Administer Methylprednisolone 125 mg, IV/Saline Lock bolus, slowly, over 2 minutes, or IM.

OR

Administer Dexamethasone 12 mg, IV/Saline Lock Bolus, slowly over 2 minutes, or IM

OPTION E: Transportation Decision.