CHRONIC OBSTRUCTIVE PULMONARY DISEASE
ASTHMA - BRONCHOSPASM (A11)

COPD: History may include: emphysema, bronchitis, heavy smoking, recent upper respiratory infection, chronic dyspnea, inhalers.

Physical findings may include: increased anteroposterior diameter of the chest, pursed-lip breathing, wheezing, rhonchi, prolonged expiratory phase of respiration, and use of accessory muscles to breathe.

ASTHMA: History may include: acute episodic dyspnea, allergies, upper respiratory infection or flu may have preceded attack.

Physical findings may include: wheezing, hyperresonance, and/or if bronchospasm severe, diminished breath sounds may be diminished.

Medications may include: inhalers, pseudoephedrine, theophylline, Actifed, oral and/or inhaled steroids.

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
MAY ASSIST PATIENT ADMINISTER THEIR OWN INHALER		X	X	X	
APPROVED BETA-2 AGONIST: choose **ONE** of the following beta-2 agonists (consider availability or need to reduce aerosol-generating procedure to decide which). • **ALBUTEROL:** 2-10 inhalations via metered dose inhaler or 2.5 mg via nebulizer. If patient intubated, administer dose through aerosol holding chamber. • **LEVALBUTEROL**: 1.25 mg via nebulizer. • **TERBUTALINE**: 0.25 mg SubQ.				X	
IPRATROPIUM: 500 mcg via nebulizer. If patient intubated, administer dose through aerosol holding chamber.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
MAGNESIUM SULFATE: 2 gm in 100 mL of NS, infused IV/IO over 20 minutes.				X	
***EPINEPHRINE:** 0.3 mg of 1:1000 (1 mg/mL) IM via auto injector.		X	X	X	
***EPINEPHRINE:** 0.3 mg of 1:1000 (1 mg/mL) IM.			X	X	
CPAP				X	

*** Use caution in the presence of coronary artery disease or history of hypertension.**