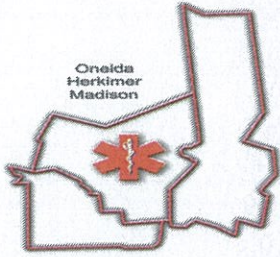


Albuterol Packet



MIDSTATE REGIONAL EMERGENCY
MEDICAL SERVICES COUNCIL
PROUDLY SERVING ONONDAGA HERKIMER AND MADISON COUNTIES

ALBUTEROL TREATMENT PROTOCOL

For use by MIDSTATE EMT and AEMT providers and Agencies who have received the appropriate training and authorization to provide this care.

PATIENTS EXPERIENCING TROUBLE BREATHING AN EXACERBATION OF ASTHMA OR COPD

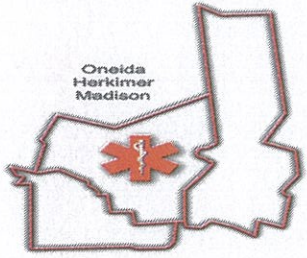
1. *Access and maintain Airway*
2. *Administer supplemental oxygen*
3. *Request Advance Life Support (do NOT delay transport)*
4. *Monitor Breathing*

NOTE: If patient exhibits signs of imminent respiratory failure refer to NYS BLS Protocol “Adult or Pediatric Respiratory Arrest

5. *Do not permit physical activity*
6. *Place patient in fowlers or semi fowlers position (position of comfort)*
7. *Assess the following prior to administration of first nebulized treatment*
 - a. *Vital Signs*
 - b. *Ability to speak in complete sentences*
 - c. *Assessory muscle use with breathing*
 - d. *Wheezing*
 - e. *Patients assessment of severity using recognized scale (i.e.Borg scale)*

NOTE: FOR PATIENTS WITH HISTORY OF ANGINA, MYOCARDIAL INFARCTION, ARRHYTHMIA OR CONGESTIVE HEART FAILURE, ** MEDICAL CONTROL MUST BE CONTACTED PRIOR TO ALBUTEROL ADMINISTRATION. RESOURCE 315 724-4979

8. *Administer albuterol sulfate 2.5 mg in 3mL via nebulizer, DO NOT DELAY TRANSPORT*
9. *If symptoms persist, treatment may be repeated once for a total of two (2) doses*
10. *Re asses additional doses may be considered only under on-line medical control*
11. *In the event a patient refusal is requested it must include on-line medical control and documentation should include physician contacted*
12. *After each administration the Midstate Albuterol CQI Indicator sheet is to be returned to the Program Agency (remasco@midstateems.org or fax 315 738 8981)*



MIDSTATE REGIONAL EMERGENCY
MEDICAL SERVICES COUNCIL

DEDICATEDLY SERVING ONEIDA, HERKIMER AND MADISON

REMAC ALBUTEROL AGREEMENT

The Practice of administering nebulized albuterol to patients in respiratory distress by our Basic and Advanced Emergency Medical Technicians (EMT AEMT) in the pre-hospital setting is a privilege granted me by the Regional Medical Director through the Midstate Regional Emergency Medical Advisory (REMAC).

To maintain that privilege, we agree to comply with and remain in good standings while practicing in the system:

By signing below, we:

1. Acknowledge we have the current Midstate REMAC Policies and Protocols
2. Acknowledge we have the current NYS Collaborative Protocols
3. Agree to abide by the protocols and policies
4. All agency EMT and AEMT members have been trained to administer albuterol to pre-hospital patients in accordance with approved Midstate / NYS Collaborative protocols

Agency Name _____ Agency ID # _____

Agency CEO (Print) _____ Agency CEO (Signature) _____

Agency Medical Director _____ Agency Operations Officer _____

Date _____

Office Use

Received _____
Date

REMAC Approved _____
Date