

POLICY: 554.24
 TITLE: Chronic Obstructive Pulmonary Disease – Asthma - Bronchospasm
 EFFECTIVE: 9/1/2026
 REVIEW: 8/2028
 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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CHRONIC OBSTRUCTIVE PULMONARY DISEASE – ASTHMA - BRONCHOSPASM

- I. AUTHORITY
 Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
 To serve as a patient treatment standard for EMRs, EMTs, AEMTs, and Paramedics within their scope of practice.
- III. PROTOCOL
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 current exacerbation.
- Physical findings may include: wheezing, hyperresonance, and/or if bronchospasm severe, diminished breath sounds.
- Medications may include: inhalers, pseudoephedrine, theophylline, Actifed, oral and/or inhaled steroids.

**Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
 P = Paramedic A=Advanced EMT D = Base Hospital Physician Order Required**

	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
CAPNOGRAPHY: apply and monitor.					X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
MAY ASSIST PATIENT TO ADMINISTER THEIR OWN INHALER		X	X	X	X	

	F	E	O	A	P	D
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.				X	X	
IPRATROPIUM: 500 mcg via nebulizer. If patient intubated, administer dose through aerosol holding chamber.					X	
VASCULAR ACCESS: P- IV/IO, AEMT - IV only, rate as indicated.				X	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	X	
*EPINEPHRINE: 0.3 mg of 1:1000 (1 mg/mL) IM.			X	X	X	
CPAP		X	X	X	X	

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