## Santa Barbara County EMS County Wide Protocols

Policy 533-18

SHORTNESS OF BREATH	
ADULT	PEDIATRIC - (14 years and under)
BLS Procedures	
<ul> <li>Place patient in a position of comfort</li> <li>Administer oxygen as indicated         <ul> <li>Refer to Policy 533-02 Airway Management</li> </ul> </li> <li>Assist with prescribed Metered Dose Inhaler (if available)</li> <li>Suspected Allergic Reaction         <ul> <li>Refer to Policy 533-07: Anaphylaxis/Allergic Reaction</li> </ul> </li> <li>Severe Distress         <ul> <li>Epinephrine 1mg/mL (via approved auto-injector)</li> <li>IM – 0.3mg</li> </ul> </li> <li>CPAP         <ul> <li>10cm/H<sub>2</sub>O</li> <li>May reduce to 5cm/H<sub>2</sub>O if unable to tolerate initial pressure</li> </ul> </li> </ul>	<ul> <li>Place patient in a position of comfort</li> <li>Administer oxygen as indicated         <ul> <li>Refer to Policy 533-02 Airway Management</li> </ul> </li> <li>Assist with prescribed Metered Dose Inhaler (if available)</li> <li>Suction nasal passages as needed</li> <li>Suspected Allergic Reaction         <ul> <li>Refer to Policy 533-07: Anaphylaxis/Allergic Reaction</li> </ul> </li> <li>Severe Distress         <ul> <li>Epinephrine 1mg/mL (via approved auto-injector)</li> <li>Weight 15 to 30kg – 0.15mg IM</li> <li>Weight &gt; 30kg – 0.3mg IM</li> </ul> </li> <li>CPAP (Age 3 and older)         <ul> <li>5cm/H<sub>2</sub>O</li> </ul> </li> </ul>
Expanded Scope	
Severe Distress Epinephrine 1mg/mL  • IM – 0.3mg CPAP as referenced above	Severe Distress Epinephrine 1mg/mL  • IM – 0.01mg/kg  o Max 0.3mg (0.3mL)  CPAP (Age 3 and older) as referenced above
ALS Prior to Base Hospital Contact	
<ul> <li>Consider 12-Lead ECG         Bronchospasms (COPD, Asthma, etc.)         Albuterol         <ul> <li>Nebulizer – 5mg (6mL)</li> <li>Repeat as needed</li> <li>CPAP as referenced above</li> </ul> </li> <li>Severe Distress         Epinephrine 1mg/mL         <ul> <li>IM – 0.3mg</li> <li>Repeat if no change after 10 minutes</li> </ul> </li> <li>CPAP as referenced above</li> <li>Suspected Pulmonary Edema</li> <li>Nitroglycerin (SBP ≥ 110mmHg)</li> <li>SL or Lingual Spray – 0.4mg every 1 min x3</li> <li>Repeat 0.4mg every 2 mins</li> <li>No Max Dosage</li> </ul>	<ul> <li>Consider 12-Lead ECG         Bronchospasms (COPD, Asthma, etc.)         Albuterol</li></ul>
CPAP as referenced above	
Base Hospital Physician Orders Only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures
Additional Information	
N/A	N/A