**Near Death Asthma:** Forced to Act/Crash Airway • PPE Scene Safety Scene • Mechanism of injury or illness Assessment Number of patients • Need for additional resources • Consider C-Spine precautions Altered: Indicator for LOC near death asthma Delegate basic vitals Suction airway Head tilt Airway OPA/NPA Elevated to 30 • BVM • Try 2 person BVM Breathing • Hi flow nasal cannula • Switch back to one person instruct to rate of 10 Consider Upper airway Severe possible Mask Seal Still inadequate? obsctruction bronchospasm causes • Increase FIO2 (15L O2 + Nasal Cannula Confirm O2 is • Sit patient up 30 degrees (caution in optimized hypotension and avoid in tension pneumo and high intrinsic peep) • profound shock/ anemia • extraglottic (unlikely due to high airway pressures) Consider: • calling for assistance Confirm history of asthma Manual pressure on chest Ventolin • Quick contraindications Atrovent • Adult: 100mcg x 30 MDI • Recruit assistance to Bronchodilators Adult: 20mcg x 15 q 30 mcg MDI · Contra: Hypersensitivity, adminsiter Contra: Hypersensitvity Tachydysrhythmias Epi (1mg/ml) • Adult: 0.3mg IM q 20 x 3 IM Epi Quick contraindications Set timer for 20 mins • Contra: None Start IV Open Fluid • 500cc Blus Set timer for 5 mins Current or rapidly impending airway obstruction or failure of oxygenation Recognize (Inadequate MV, SPO2 <85% with ALOC) FORCED TO despite interventions (MacLeod, 2024b) ACT/ Crash • \*\* Key for near death asthma is current or **AIRWAY** impending respiratory failure (Cahill, 2024) Optimize • Connect continuous waveform capnography to BVM oxygenation/ • Apply nasal cannula at 15 LPM for apneic oxygenation ventilation Can you proceed without sedation/paralysis? Yes No • Recognize in near death asmtha ketamine is a bronchodilator and FORCED TO **CRASH** should be used in induction when **AIRWAY ACT** possible (Cahill, 2024) Succinocholine Ketamine Hypersensitivity Confirm no • Known of suspected Hyper K (acute or chronic renal Hypersensitivity contraindications AND failure, glomerular nephritis, lupus nephritis) • Relative: Conditions where a significant to airway • Familiy Hx of malignant hyperthermia or plasma elevation of BP is hazardous (uncontrolled HTN, medications aneurysm, acute heart failure, angina, recent MI) pseuchocholinesterase deficiency Myopthathies associated with elevated CK Administer Ketamine induction • Adult: 1.5mg/kg IV over 1-2 min agent Succinylcholine Administer • Adult: 1.5mg/kg paralytic max 150mg V • Minimum kit required for one attempt Suction Stethoscope Tube Consider Prep • Laryngoscope/ Blade prepping push equipment • Bougie/ Stylet pressor here Syringe Tube holder • Eyes on surgical airway Wait for fasiculations and apnea Surgical Suction then Unsuccessful intubate airway · Confirm depth Post • Inflate cuff advanced • Confirm placement airway • Assign parameters management • Secure • Elevate head Reassess vitals Prepare to • Consider Epinephrine Push address post intrathoracic • Adult: 100mcg in 10cc flush (10mcg/ml) intubation pressure (slow vent • 10mcg over one min (max 50mcg) hypotension rate or < PEEP) Ketamine Prepare to • Adult: 1mg/kg (50mg/ml) address • Contra: Hypersensitivity, Relative: Conditions where a significant post-intubation elevation of BP is hazardous (uncontrolled HTN, aneurysm, acute sedation heart failure, angina, recent MI) DOPES: Prepare to • D: Dislodgement (Esophageal = EDD & CO2, Maintstem = auscultation & depth at teeth) address • O: Obstruction (Poor compliance or secretions = saline and deep suction, poor sedation and bite block = increase sedation) issues with • P: Pneumothorax (Hypotension, JVD & decreased breath sounds = needle decompression assured not R or L mainstem) **DOPES** • E: Equipment failure: O2 resevoir bag full, BVM able to make positive pressure with no leaks, ETT tube inflated • S: Stacking (Auto Peep = slow ventilations) Magnesium Sulfate Administer • Adult: 2g in 100cc over 10 mins Mag Sulfate (100gtts) • Contra: Heart Block, Renal Failure Epi Infusion (OLMC) Utilize when MDI • 4mg in 250 (conc 16mcg/ml) Consider epi bronchodilators are • 0.1mcg/kg/min infusion still unable to enter • Contra: None lungs (Cahill, 2024) Ventolin Continue IV Atrovent • Adult: 100mcg x 30 MDI treatment • Adult: 20mcg x 15 q 30 mcg MDI • 500cc bolus • Contra: Hypersensitivity, plan • Contra: Hypersensitvity • 250cc drip Tachydysrhythmias Reassess oncentration: 4 mg (of a 1 mg/mL concentration) in 250 mL of D5W or normal saline = 16 mcg/m Breathing Improved? 33.8 37.5 41.3 45 48.8 52.5 56.3 60 63.8 67.5 75 82.5 0.2 
 50.6
 56.3
 61.9
 68
 73.1
 78.8
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0.3 67.5 75 82.5 90 97.5 105 112.5 120 127.5 135 150 101 109.7 118.1 126.6 75 84.4 93.8 103.1 113 121.9 131.3 140.6 150 159.4 168.8 187.5 206.3 225 90 101.3 112.5 123.8 135 146.3 157.5 168.8 180 191.3 202.5 225 247.5 270 0.6 Complete No 0.7 105 118.1 131.3 144.4 158 170.6 183.8 196.9 210 223.1 236.3 262.5 288.8 315 Head to toe 112.5 126.6 140.6 154.7 169 182.8 196.9 210.9 225 239.1 253.1 281.3 309.4 135 150 165 180 195 210 225 240 255 270 300 330 135 151.9 168.8 185.6 203 219.4 236.3 253.1 270 286.9 303.8 337.5 371.3 405 
 142.5
 160.3
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 302.8
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 427.5

 150
 168.8
 187.5
 206.3
 225
 243.8
 262.5
 281.3
 300
 300
 337.5
 375
 412.5
 450
Quick Rapid (AHS protocols, 2024) Medical Hx Transport Complete Continue outstanding aggressive vitals References Tx 1) AHS protocols. (2024, August 8). https://www.ahsems.com/public/protocols/templates/desktop/#home 2) Cahill, Katherine N. (2024, November 5). Acute exacerbations of asthma in adults: Emergency department and inpatient management. UpToDate. https://www.uptodate.com/contents/acute-exacerbations-of-asthma-in-adults-emergency-department-and-inpatient-management 3) MacLeod, M. H. (2024b). Forced to Act - Checklist. Consider differentials Consider differentials **Further** stabilize and transport