

Jackson County Medical Control Authority
Community Paramedicine Protocols
ASTHMA/COPD TREATMENT & MANAGEMENT

Date: October 2014

Page 1 of 2

Asthma/COPD

Indications: This protocol provides general guidance for the evaluation of patients with Asthma under the Community Paramedicine Program. The CPU will respond to a residence on request from the primary care provider, on request by the patient/parent of patient through 911 triage or on referral from ALS 911 response. The CP will follow guidelines outlined by the primary care providers, EMS treatment protocols or on-line medical direction orders for the management of asthma/COPD.

Purpose: Assist the patient (family/caregiver) by increasing awareness of the disease through education on pathology. Demonstrate and review technique of all devices used to treat asthma to assist patient compliance. Evaluate and identify home triggers of disease in an effort to lessen exacerbations of asthma/COPD. Communicate with the primary care provider or on-line medical direction on the condition of the patient as well as on the general well-being of the patient as well as continuing medication reconciliation and continuity plan.

CPU Directives:

1. Follow **General Protocol for CPU Patient Assessments**.
2. Obtain and review patient health history and primary care provider's orders prior to evaluation when available.
3. If no immediate treatment is needed, perform medication review, and patient education.
 - a. Review pathophysiology with the patient.
 - b. Record the patient's current history including frequency of symptoms with rest, activity and with sleep.
 - c. Further history will include exacerbating factors including viral exposure, allergen exposure, exercise, cold air, tobacco smoke, chemical irritants, etc.
 - d. Observe home in an effort to possibly identify exacerbating factors.
 - e. Review devices used by the patient including short/long acting medications and MDI/continuous nebulizer devices.
 - f. Review when to call health care provider.
 - g. Contact the primary care provider (PCP) to confirm the continuity plan.
4. If immediate treatment is needed follow the **Adult or Pediatric Respiratory Distress Protocol** as follows:
 - a. Administer Nebulized Bronchodilators per **Nebulized Bronchodilators Procedure**.
 - b. Administer Epinephrine 1:1,000, 0.3 mg (0.3 ml) IM in patients with impending respiratory failure unable to tolerate nebulizer therapy.
 - c. If a second nebulized treatment is needed, administer Prednisone OR Methylprednisolone if not already a part of the PCP homecare orders.
 - d. Consider CPAP/BiPAP (if available) per **CPAP/BiPAP Procedure**.

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Page 2 of 2

5. Continue treatment and follow the **General Protocol for CPU Patient Assessments** until a disposition is determined and continuity plan completed. This plan may include return visits for those patients who received on-scene treatment.