

PEDIATRIC

PRESCRIBED INHALER

BASIC LIFE SUPPORT GUIDELINE

Reasonable certainty of On-Line Medical Direction required for use.

Does this patient have a prescribed inhaler with them? IF NO, DO NOT PROCEED

INDICATIONS:

- Exhibits signs and symptoms of respiratory distress; decreased breath sounds or wheezing heard
- AND
- Has a physician prescribed bronchodilator inhaler
- AND
- Bronchodilator only contains albuterol, ipratropium, or metaproterenol.

CONTRAINDICATIONS:

- Patient is not alert enough to use the device. The EMT may only assist the patient with self-administration. The EMT is not permitted to administer this medication.
- Inhaler is not prescribed to patient. NOTE: Product packaging may not have a patient-specific label. Consult with medical direction.
- The medication name cannot be determined. Consult with medical direction.

PEDIATRIC CONSIDERATIONS:

- Encourage the parents to hold and assist the child as much as possible
- Determine how the child usually has this medication given
- Whenever possible, allow older children to follow their usual patterns of administration

1. Consider transport based on general impression.
2. Obtain a baseline set of vital signs.
3. Inspect the prescribed inhaler and note:
 - Medication name
 - Prescribed dose
 - Expiration date
 - Is medication prescribed for your patient?
 - Inhaler is room temperature or warmer?
 - Does the patient have a spacer? if so use it!
 - Is it a type of inhaler that cannot be shaken?
4. Check to see if the patient has already taken any doses.
5. Dosage to give for acute respiratory distress with decreased airflow and/or clear wheezing.

Albuterol: (Dosages may be repeated x1 in 20 minutes if still meets criteria above.)

- Infant: 8 inhalations (through spacer when available)
- Child or Adult: 12 inhalations (through spacer if available)

Ipratropium (Dosages may be repeated x1 in 20 minutes if still meets criteria above.)

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- All age groups: 2 inhalations (through spacer when available)
- Metaproterenol** (Dosages may be repeated x1 in 20 minutes if still meets criteria above.)
- Infant: 4 inhalations (through spacer when available)
 - Child or adult: 6 inhalations (through spacer when available)

6. Shake the inhaler vigorously several times if appropriate.
7. Remove oxygen mask from the patient. (A nasal cannula may be left in place).
8. **If spacer is available:**
 - a) Shake inhaler well before each inhalation unless it states, "Do not shake"
 - b) Remove cap from mouth piece
 - c) Insert inhaler into spacer
 - d) Have patient close lips around spacer mouth piece
 - e) Have patient actuate inhaler once
 - f) Have patient breathe in medicine through spacer slowly over 6 seconds. (Children will often not be able to inhale this slowly so just let them breathe through spacer for about 10 seconds)
 - g) If whistle sounds, have patient slow down rate of inhalation
 - h) Have patient try to hold breath for 10 seconds after inhalation
 - i) Repeat step f-h one or two more times for each inhalation given
 - j) Wait at least 1 minute between end of cycle and giving an additional burst of medication
9. **If no spacer is available:**
 - a) Shake inhaler well before each inhalation unless it states, "Do not shake"
 - b) Remove cap from mouth piece
 - c) Put mouth piece in mouth with lips closed around it
 - d) Have patient fully exhale
 - e) Have patient actuate inhaler as patient inhales deeply and slowly
 - f) Have patient hold breath up to 10 seconds
 - g) If additional inhalations are to be given, wait 1 minute then repeat steps a-f
10. Transport promptly and perform ongoing assessment en route.

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