



**Mid-State
Regional Emergency Medical
Advisory Committee**

**Policy Statement
11-01**

**Albuterol
Administration by
EMT-B
AEMT-I**

This protocol applies to all EMS Agencies and Providers in the Midstate Region. Providers must be trained in the assessment and administration of Albuterol. Only REMAC approved Agencies will provide Albuterol administration by EMT-B and AEMT-I Providers.

Midstate Basic EMT's and AEMT-Intermediates may administer Albuterol to specific patients as described below. This treatment is to be provided while awaiting transport or during transport. Do NOT delay transport to administer Albuterol.

- **Pre-existing diagnosis of Asthma**
- **Patients between the age of 1 year and 65**
- **Experiencing trouble breathing**

The first dose of Albuterol will be standing orders; Medical control must be contacted for any additional doses.

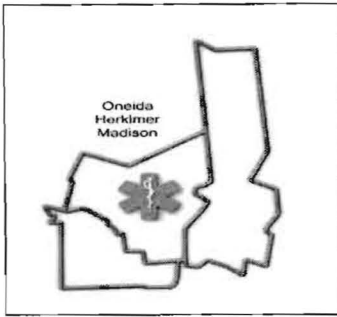
For patients under 1 year old or over 65 years old medical control must be contacted prior to administration.

In the event a patient exhibits signs of imminent respiratory failure, EMT-B and AEMT-I providers will refer to the NYS BLS respiratory arrest protocol.

All Midstate approved Agencies will stock:

- **3 single dose Albuterol treatments (2.5 mg in 3.0 ml)**
- **2 handheld nebulizers**

Note: Medical Control must be contacted for any patient refusing transport.



**Mid-State
Regional Emergency Medical
Advisory Committee
Policy Statement**

**# 11-01
Notice of Intent to
Provide
Nebulized Albuterol
By
EMT-B and AEMT-I**

**Midstate REMAC
ILS/BLS Agency Albuterol Application**

Agency Name _____ Agency Code _____

Address _____
Mailing Address City Zip

Contact _____ Title _____

Daytime Phone # _____ Email _____

Agency Medical Director _____

Representative responsible Albuterol Program:

Name _____ Contact Phone # _____

Agency QA/QI Coordinator:

Name _____ Contact Phone # _____

Medical Director's Statement

I, the Medical Director fro the above named EMS Agency, have reviewed the intent of the agency to provide nebulized Albuterol by EMT-B and AEMT-Intermediate level personnel, and hereby approve. As agency medical director, I will be involved in the training of BLS personnel in this protocol and technique, and in the Quality Assurance Program of the Agency.

Signed Agency Medical Director _____ Date _____

Chief Operating Officer's Statement

The above named Midstate EMS Agency, hereby notify the Midstate REMAC that we intend to provide nebulized Albuterol by EMT-B and AEMT-Intermediate level personnel according to Midstate Protocol. We agree to participate with the Quality Assurance Program. The Agency will provide the training according to NYS EMT-B Curriculum and will maintain training and evaluation records for all trained personnel.

Signed Chief Operating Officer Signature _____ Date _____

MIDSTATE REGIONAL EMS PROGRAM

ALBUTEROL TREATMENT PROTOCOL

For use by EMT-B and AEMT-I providers who have received both the appropriate training and belong to a Midstate Approved REMAC Agency.

For patients between the age of one (1) and sixty-five (65) year of age, who are experiencing an exacerbation of their previously diagnosis Asthma. For patients with respiratory distress, request advanced life support. **DO NOT DELAY TRANSPORT.**

1. Assess the Airway, place in position of comfort
2. Administer Oxygen

*****If patient exhibits signs of imminent respiratory failure refer to NYS BLS Protocol for adult or pediatric respiratory distress *****

3. Monitor Breathing
4. Do not permit physical activity
5. Assess the following prior to administration of the first nebulized treatment:
 - a. Vital Signs
 - b. Ability to speak in complete sentences
 - c. Accessory Muscle use
 - d. Wheezing – may or may not be present
6. Begin Transport
7. Administer Albuterol Sulfate 2.5 mg in 3.0 ml via nebulizer (1 single unit dose) Set oxygen flow rate at 6-8 liters per minute or a rate that will deliver the solution over 5-15 minutes.
8. If symptoms persist, contact medical control for further orders.
9. Reassess the patient (see 5 above) upon completion of patient treatment and transfer of patient care document all findings.

MEDICAL CONTROL MUST BE CONTACTED FOR ANY PATIENT REFUSING MEDICAL ASSISTANCE OR TRANSPORT.

MIDSTATE Regional EMS Program

REMAC Albuterol Agreement

The practice of administering Albuterol via Nebulizer to patients in respiratory distress with a pre-diagnosed history of asthma according to the current REMAC Policy and Protocol, by our basics and intermediates in the pre-hospital setting is a privilege granted to us by the Regional Medical Director through Midstate Regional Emergency Medical Services

We agree to follow all NYS BLS and Midstate REMAC protocols and Policies.

To maintain that privilege, we agree to comply with and remain in good standing while practicing within the system.

By signing below we:

- 1. Acknowledge that we have received the current Midstate REMAC protocols and policy statements.**
- 2. Agree to abide by the protocols and policies of the Midstate REMAC Medical Services System.**
- 3. All Agency EMT-B and AEMT-I providers have been trained to administer Albuterol according to the Midstate Albuterol Administration Policy.**

Agency Name

Agency Code

Print Officer/CEO Name
Name

Print Service Medical Director

Officer/CEO Signature
Signature

Service Medical Director

Date ___/___/___

=====

Office Use:

Received _____ Acknowledgement _____

Date

Initial

Date

Initial