INDICATIONS:
- Patient exhibits signs and symptoms of respiratory distress, decreased breath sounds and/or wheezing
- Has been prescribed a bronchodilator inhaler (e.g., ProAir, Ventolin, Proventil, Alupent).

AND

CONTRAINDICATIONS:
- Patient is not alert enough to use the inhaler.
- Inhaler is not prescribed to patient. An EMT/AEMT may only assist the patient with self-administration. NOTE: Inhaler may not have a patient-specific label.
- The medication has expired.
- The medication name or expiration date cannot be determined.

POTENTIAL ADVERSE EFFECTS:
- Increased pulse rate
- Tremors, nervousness or agitation

PRECAUTIONS:
- If patient condition deteriorates, be prepared to assist ventilations with BVM.

PRESCRIBED INHALER - Adult

IDAHO EMS BASIC LIFE SUPPORT GUIDELINE

1. Assess the patient for indications and contraindications.

2. Obtain a baseline set of vital signs and administer supplemental oxygen by face mask or nasal cannula.

3. Inspect the prescribed inhaler and note:
   a. Medication name
   b. Prescribed dose
   c. Expiration date
   d. Is medication prescribed for your patient?
   e. Inhaler is room temperature or warmer?
   f. Does the patient have a spacer? (see #8)
   g. Is it a type of inhaler that cannot be shaken?

4. If the patient is prescribed a bronchodilator inhaler but the prescribed inhaler is not present, you may substitute an albuterol inhaler carried by on-scene EMS.

5. Check to see if the patient has already taken any doses.
6. Typical bronchodilator dose is 2 puffs. Dose may be repeated one time in 20 minutes if needed.

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 or use mask.
   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.
   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 previous three steps one or two more times for each inhalation given.
   j. Wait at least 1 minute between end of cycle and giving an additional puff 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 one minute then repeat all steps.

10. Replace oxygen mask.

11. Contact On-Line Medical Control if breathing difficulty is not relieved. Additional doses may be recommended.

12. Record time of administration, dose given and patient response, including any side effects.

13. Reassess patient. Be prepared to suction or assist ventilations as needed.

14. Transport for medical evaluation. Do not delay transport to assist the patient with self-administration.

The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the patient’s clinical presentation and on authorized policies and guidelines.