

COPD
with exacerbation

ILS
Protocol

· ABCs
· Oxygen 1-2 LPM NC ①
· Assist Ventilations, as needed
· Request ALS Backup if intubation may be needed
· Transport ASAP

· SpO2
· Vital Signs
· Breath Sounds ②

IV NS TKO

Albuterol & Atrovent (DuoNeb) via nebulizer ③ ④
Albuterol: 2.5 mg & Atrovent: 0.5 mg in 3 cc NS

Monitor
Cardiac Rhythm

Reassess Vital Signs,
Respiratory Status

· Transport ASAP
· Contact Medical Control
if patient condition becomes worse



Document:
· Breath Sounds
· SpO2
· ETCO2 if Intubated
· Vital Signs
· Respiratory Status
· Detailed Assessment
· Skin Color, Moisture
· Cardiac Rhythm
· Glasgow Coma Scale
· Response to Treatment

1 Oxygen: adjust flow rate & route of administration as needed. Consider hypoxic drive in COPD and degree of respiratory effort.

2 Be aware that worsened wheezing in association with underlying COPD may represent CHF, pneumothorax, and/or underlying infection.

3 Albuterol & Atrovent (DuoNeb): may repeat only Albuterol every 10 minutes. Discontinue use if patient develops chest pain or increased tachycardia.

4 May use MDI (Metered Dose Inhaler) instead of nebulizer.