



POLICY

This policy outlines the minimal procedures during a Mobile Integrated Health (MIH) encounter for a patient with asthma or COPD.

PURPOSE

Provide baseline guidance for the MIH provider on management of patients with asthma or COPD.

BASIC MEDICAL CARE

Reference and apply all applicable OEM standards of care. Identify, treat, and attempt to stabilize any patient who is identified as acutely ill. Activate the municipal transport service if indicated. The most relevant standards of care are as follows:

- Universal Care
- Bronchospasm
- COVID-19
- Medication List

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Reference and apply all applicable patient assessment screens in addition to OEM MIH Standards of Care. An emphasis should be placed on the following SDOH:

- Access to healthcare
- Genetic susceptibilities
- Occupational exposures or irritants
- Use or exposure to tobacco or other substances
- Understanding condition and care plan

STANDARD OF CARE

1. Apply General MIH Operational Guidelines
2. Review/perform history and conduct an appropriate physical examination with specific consideration of the following:
 - a. Shortness of breath, chest pain, ability to perform daily activities, symptoms during sleep, fevers, coughing, sputum production, exacerbating factors including viral exposures, allergens, exercise, cold air, tobacco, chemicals
 - b. Breath sounds, condition of mucus membranes
 - c. Number of times MDI/nebulizer utilized, courses of steroids in past 1 month.
3. Review pathophysiology of asthma or COPD with the patient
4. Review and advise on patient's medication list and current access to medications including steroids, antibiotics, MDI, short/long-acting beta agonists/steroids.
5. Review and advise on healthy lifestyle choices including smoking cessation and exercise.
6. Review and advise on patient's home exacerbating factors through a general environmental assessment including the following:
 - a. Air cleanliness, animals, hazards, filtrate/purification systems, secondhand smoke



5. Review and advise on medical devices used by patient including oxygen, CPAP, nebulizers.
6. Review and advise on when to call health care providers and when 911 is most appropriate related to asthma/COPD; provide an action plan if one is not already in place via supporting documents below.
7. Provide corrective action for the patient if indicated.

REFERRALS

- Milwaukee County Resources: OEM MIH Resource Contact List
- Department Specific Resources: Department Specific Operational Guidelines

EMS AGENCY ADDITIONAL POLICIES

Individual EMS Agencies within Milwaukee County are afforded the flexibility to add additional aspects to each MIH guideline. These additional aspects shall be approved by the OEM Medical Direction Team.

SUPPORTING DOCUMENTS:

<https://www.nhlbi.nih.gov/resources/asthma-action-plan-2020>

Examples of Asthma Action Plans on following pages



Mobile Integrated Healthcare
ASTHMA / COPD

ASTHMA ACTION PLAN

For: Doctor: Date:
Doctor's Phone Number: Hospital/Emergency Department Phone Number:

GREEN ZONE
DOING WELL
Daily Medications
Medicine How much to take When to take it
Before exercise 2 or 4 puffs 5 minutes before exercise

YELLOW ZONE
ASTHMA IS GETTING WORSE
1st Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.
2nd If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:
If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

RED ZONE
MEDICAL ALERT!
DANGER SIGNS
Trouble walking and talking due to shortness of breath
Lips or fingernails are blue
Take this medicine:
Then call your doctor NOW. Go to the hospital or call an ambulance if:
You are still in the red zone after 15 minutes AND
You have not reached your doctor.

See the reverse side for things you can do to avoid your asthma triggers.

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Approved: Dan Pojar, BSEMS, FP-C, NRP EMS Division Director
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**Mobile Integrated Healthcare
ASTHMA / COPD**

HOW TO CONTROL THINGS THAT MAKE YOUR ASTHMA WORSE

This guide suggests things you can do to avoid your asthma triggers. Put a check next to the triggers that you know make your asthma worse and ask your doctor to help you find out if you have other triggers as well. Keep in mind that controlling any allergen usually requires a combination of approaches, and reducing allergens is just one part of a comprehensive asthma management plan. Here are some tips to get started. These tips tend to work better when you use several of them together. Your health care provider can help you decide which ones may be right for you.

ALLERGENS

Dust Mites

These tiny bugs, too small to see, can be found in every home—in dust, mattresses, pillows, carpets, cloth furniture, sheets and blankets, clothes, stuffed toys, and other cloth-covered items. If you are sensitive:

- Mattress and pillow covers that prevent dust mites from going through them should be used along with high efficiency particulate air (HEPA) filtration vacuum cleaners.
- Consider reducing indoor humidity to below 60 percent. Dehumidifiers or central air conditioning systems can do this.

Cockroaches and Rodents

Pests like these leave droppings that may trigger your asthma. If you are sensitive:

- Consider an integrated pest management plan.
- Keep food and garbage in closed containers to decrease the chances for attracting roaches and rodents.
- Use poison baits, powders, gels, or paste (for example, boric acid) or traps to catch and kill the pests.
- If you use a spray to kill roaches, stay out of the room until the odor goes away.

Animal Dander

Some people are allergic to the flakes of skin or dried saliva from animals with fur or hair. If you are sensitive and have a pet:

- Consider keeping the pet outdoors.
- Try limiting to your pet to commonly used areas indoors.

Indoor Mold

If mold is a trigger for you, you may want to:

- Explore professional mold removal or cleaning to support complete removal.
- Wear gloves to avoid touching mold with your bare hands if you must remove it yourself.
- Always ventilate the area if you use a cleaner with bleach or a strong smell.

Pollen and Outdoor Mold

When pollen or mold spore counts are high you should try to:

- Keep your windows closed.
- If you can, stay indoors with windows closed from late morning to afternoon, when pollen and some mold spore counts are at their highest.
- If you do go outside, change your clothes as soon as you get inside, and put dirty clothes in a covered hamper or container to avoid spreading allergens inside your home.
- Ask your health care provider if you need to take or increase your anti-inflammatory medicine before the allergy season starts.

IRRITANTS

Tobacco Smoke

- If you smoke, visit smokefree.gov or ask your health care provider for ways to help you quit.
- Ask family members to quit smoking.
- Do not allow smoking in your home or car.

Smoke, Strong Odors, and Sprays

- If possible, avoid using a wood-burning stove, kerosene heater, or fireplace. Vent gas stoves to outside the house.
- Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints.

Vacuum Cleaning

- Try to get someone else to vacuum for you once or twice a week, if you can. Stay out of rooms while they are being vacuumed and for a short while afterward.
- If you must vacuum yourself, using HEPA filtration vacuum cleaners may be helpful.

Other Things That Can Make Asthma Worse

- Sulfites in foods and beverages: Do not drink beer or wine or eat dried fruit, processed potatoes, or shrimp if they cause asthma symptoms.
- Cold air: Cover your nose and mouth with a scarf on cold or windy days.
- Other medicines: Tell your doctor about all the medicines you take. Include cold medicines, aspirin, vitamins and other supplements, and nonselective beta-blockers (including those in eye drops).



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For more information and resources on asthma,
visit nhlbi.nih.gov/BreatheBetter.

**LEARN MORE
BREATHE BETTER**

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