



**Respiratory - Airway  
BRONCHOSPASM  
Practice Guideline**

**Patient Care Goals:**

1. Alleviate respiratory distress due to bronchospasm
2. Promptly identify and intervene for patients who require escalation of therapy
3. Deliver appropriate therapy by differentiating other causes of respiratory distress

**Patient Presentation:**  
Inclusion Criteria  
Respiratory distress with wheezing, decreased air entry, or no air entry presumed to be due to bronchospasm from asthma, obstructive lung disease, or reactive airway disease

RELATIVE Exclusion Criteria  
Respiratory distress due to a presumed underlying cause that includes one of the following:

1. Anaphylaxis (may be used as adjunctive therapy)
2. Bronchiolitis (wheezing < 2 years of age)
3. Croup
4. Epiglottitis
5. Foreign body aspiration
6. Submersion/drowning (may be used as adjunctive therapy)
7. Congestive heart failure (may be used as adjunctive therapy)

**Patient Management**

**Albuterol**

- Pt weight 30 Kg or **GREATER**  
5.0 mg / Ipratropium 1.0 mg nebulized
- Pt weight **LESS** than 30 Kg  
2.5 mg / Ipratropium 0.5 mg nebulized
- May repeat to total of three doses consecutively for symptom management

**Dexamethasone**

- 0.5 mg/kg IV/IO (slow push), IM/IN/PO  
Max dose of 16 mg

**Epinephrine 1mg/ml (1:1000)**

- Pt weight 30 Kg or **GREATER**  
0.3 mg IM
- Pt weight **LESS** than 30 Kg  
0.15 mg IM

**Normal Saline bolus**  
20 ml/kg IV/IO, repeat x 1 if no improvement

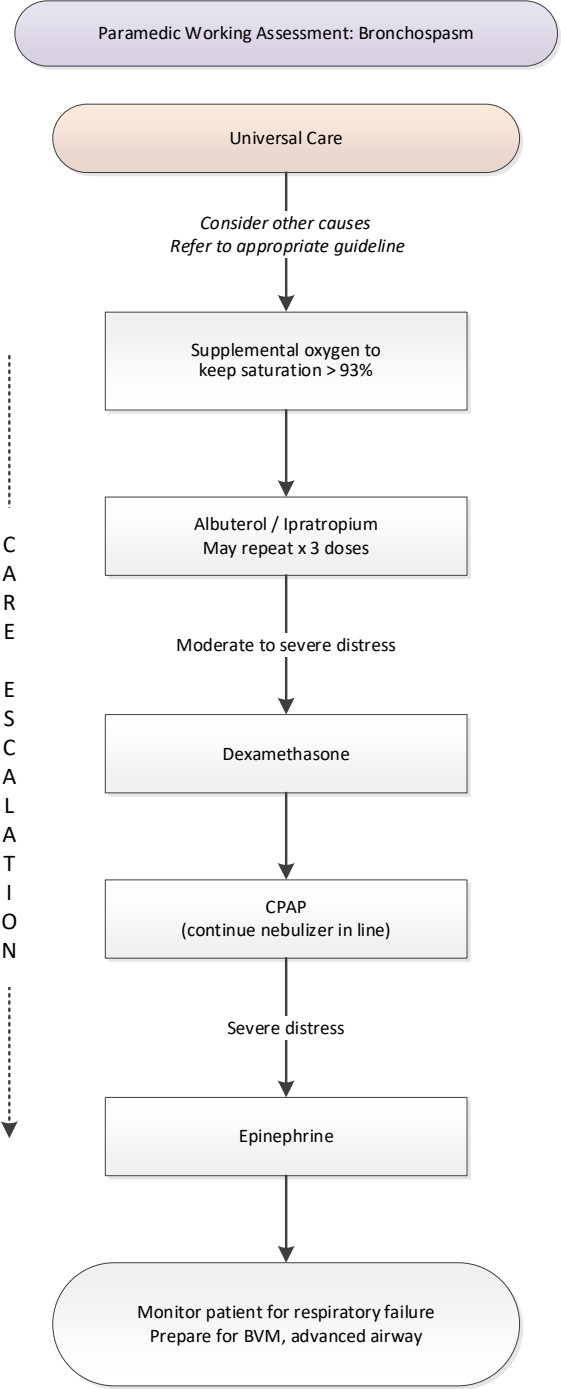
**CPAP** - Coaching is **key** for patients in severe distress

**COPD patients** with acute exacerbation and altered mental status may have elevated CO<sub>2</sub> (hypercapnia). Providers should consider more aggressive treatment, monitor for airway loss, and inform ED staff about clinical status.

**Patient Safety Considerations**  
Wheezing may be absent in severe bronchospasm  
Positive Pressure Ventilation increases risk of pneumothorax  
Nebulized medication increases risk of infection to provider  
Routine IV often unnecessary  
Routine use of lights and sirens is not recommended during transport unless severe or refractory to EMS interventions

**Quality Improvement:**  
Key Documentation Elements

1. Severity of bronchospasm
2. Response to treatments and medical decision making for care escalation
3. Capnography for potential respiratory decompensation
4. Ventilation assistance and advanced airway placement



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