

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Treatment Protocol
ASTHMA CARE

Initial Date: November 19, 2020

Revised Date:

Section 11-52

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with Asthma.

- I. Follow **CIP Patient General Assessment and Care protocol**
- II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include:
 - a. Vitals: SpO₂, work of breathing
 - b. History:
 - i. Frequency, duration, and triggers of DIB
 - ii. Previous and recent episodes requiring treatment
 - iii. Use of medications (short acting and long acting corticosteroids, etc.)
 - iv. Spirometry, peak flow, capnography
- III. On-scene medication administration may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
 - b. Assist with patient's prescribed home medications that are not included in standard EMS treatment protocols
- IV. On-scene education and suggested support sources may include
 - a. Review patient's current history including frequency of symptoms with rest, with activity and with sleep
 - b. Review exacerbating factors including viral exposure, allergen exposure, exercise, cold air, tobacco smoke, chemical irritants, etc.
 - c. Observe the home to identify exacerbating factors
 - d. Review devices used by the patient including short/long acting medications and MDI/continuous nebulizer devices
 - e. Review when to call health provider
 - f. National Certified Asthma Educator referral