



**SALBUTAMOL:**

- 2 to 4 inhalations by metered-dose inhaler and spacer device
- May be administered by all providers as either Ventolin or Combivent
- Repeat every 15 minutes as required

**EPINEPHRINE BY AUTO-INJECTOR:**

**ADULT / ADOLESCENT / CHILD (6 years & older):**

- 0.3 mg to the lateral thigh
- Repeat once in 15 minutes if required

**CHILD (1 up to 6 years):**

- 0.15 mg to the lateral thigh
- Repeat once in 15 minutes if required
- If pediatric auto injector is not available, use adult dose once only

**INTRAMUSCULAR EPINEPHRINE (1 mg/ml):**

**ADULT (17 years & older):**

- 0.5 mg (0.5 ml)
- Repeat every 15 minutes as required

**ADOLESCENT / CHILD (1 up to 17 years):**

- 0.01 mg/kg (0.01 ml/kg)
- Single dose maximum = 0.5 mg (0.5 ml)
- Repeat every 15 minutes as required

**NOTES:**

1. The lateral thigh is the preferred site for IM injection, followed by the lateral deltoid area.
2. Patients with only mild respiratory distress should not receive epinephrine. If an MDI is not available, do not administer bronchodilator and monitor closely.
3. Patients with wheezing due to heart failure or pulmonary edema should not receive epinephrine.
4. To conserve supplies, use the patient's own MDI and spacer device unless it has expired.

**LINKS:****E06 - DYSPNEA & RESPIRATORY DISTRESS****Table A: Signs and Symptoms of Respiratory Distress**

Age	Mild	Moderate	Severe	Near Death
Pediatric (0-10 years)	Walking Talking Can lie down without distress Infants with shorter, softer cry, difficulty feeding Talks in sentences May be agitated Increased resp. rate Wheeze on end-expiration HR<100 bpm SaO <sub>2</sub> > 95%	Talking in phrases (Infants with shorter, softer cry, difficulty feeding) Prefers sitting Usually agitated Accessory muscle use Loud wheezing HR=100-200 bpm SaO <sub>2</sub> = 91-95%	At rest (infants will stop feeding) Hunched forward Speaks in words Usually agitated RR >30 breaths/min Accessory muscle use Usually loud wheeze HR >120 bpm SaO <sub>2</sub> <90%	Drowsy/confused Paradoxical chest movement No wheeze Bradycardia
Adolescent to Adult (10 years and >)	Exertional Dyspnea/cough ↑ Beta agonist use Good response to B agonist	Dyspnea at rest Congested Chest tightness Nocturnal symptoms Modest relief from B agonist B agonist used > every 4hrs	Labored breathing Agitated Diaphoretic Difficulty speaking Tachycardia No relief with B agonist use	Exhausted/confused Diaphoretic Cyanosis Absent breath sounds ↓ respiratory effort ↓ heart rate

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