

Subject: Scope of Practice/Procedure - Paramedic
Beta-2 Bronchodilators-Albuterol Sulfate/Levalbuterol

Associated Policies:

- I. Class
 - A. Beta-2 specific bronchodilator.

- II. Indications
 - A. Acute bronchial asthma.
 - B. Bronchospasm associated with bronchitis or emphysema.

- III. Therapeutic Effects
 - A. Decreases reversible bronchospasm.

- IV. Contraindications
 - A. Absolute:
 1. Known hypersensitivity.
 2. Levalbuterol: Pediatric less than 6 years of age.
 - B. Relative:
 1. Severe Hypertension.
 2. Coronary artery disease.
 3. Tachydysrhythmia
 4. Hypokalemia
 5. Hyperthyroidism.

- V. Adverse Effects
 - A. Most frequent adverse effects include tachycardia and tremors.
 - B. Less frequent adverse effects include headache, hypertension, cough, and nausea.

- VI. Dosage
 - A. Albuterol Sulfate:
Administer premixed blister 2.5mg/3cc (or equivalent) to all age groups
 - B. Levalbuterol:
Adults: 1.25mg (one premixed blister 1.25mg/3ml).
Pediatrics: 6 to 12 years: 0.63mg (may use ½ of a premixed blister 1.25mg/3ml)
 - C. Both medications can be repeated as tolerated by the patients when needed.

- VII. Special Information
 - A. For severe bronchospasm, continuous medication administration can be considered for both albuterol and levalbuterol
 - B. Albuterol and levalbuterol can both be used with Atrovent (Policy # 5440)

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- C. Albuterol Sulfate inhalation solutions are packaged as 3.0mg/3cc. This is equivalent to 2.5mg albuterol sulfate in all forms.

Approved By EMS Director	Larry Karsteadt (Signature on File at EMS Agency)	Revision
EMS Medical Director	Matthew Karp, MD (Signature on File at EMS Agency)	06/06/2023