

Subject: ALS Medication Administration – Paramedic
Beta 2 Bronchodilors– Albuterol Sulfate / Levalbuterol

- I. Class
 - Beta-2 specific bronchodilator
- II. Indications
 - A. Acute bronchial asthma.
 - B. Bronchospasm is associated with bronchitis or emphysema.
- III. Therapeutic Effects
 - A. Decreases reversible bronchospasm.
 - B. Contraindications
- IV. Contraindications
 - A. Absolute:
 - 1. Known hypersensitivity.
 - 2. Levalbuterol: Pediatric less than 6 years of age.
 - B. Relative:
 - None
- V. Administration and Dosage
 - A. Adult
 - 1. Albuterol Sulfate:
 - a. Administer premixed blister 2.5mg/3cc (or equivalent).
 - 2. Levalbuterol:
 - a. 1.25mg (one premixed blister 1.25mg/3ml).
 - 3. Both medications can be repeated as tolerated by the patient when needed.
 - B. Pediatric
 - 1. Albuterol Sulfate:
 - a. Administer premixed blister 2.5mg/3cc (or equivalent).
 - 2. Levalbuterol:
 - a. Pediatrics: 6 to 12 years: 0.63mg (may use ½ of a premixed blister 1.25mg/3ml)
 - 3. Both medications can be repeated as tolerated by the patient when needed.
- VI. Special Information
 - A. Most frequent adverse effects include tachycardia and tremors.
 - B. Less frequent adverse effects include headache, hypertension, cough, and nausea.
 - C. For severe bronchospasm, continuous medication administration can be considered for both albuterol and levalbuterol.
 - D. Albuterol and levalbuterol can both be used with Atrovent (Policy # Draft)

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

VII. Base Orders

Standing Order if no contraindications exist.