



Albuterol Sulfate (Salbutamol) Inhalation Solution

BLS Medication Protocol

Approved: Jeff Young, OMD, 10.10.2019

Reviewed: 2.21.2020

This protocol only applies to EMTs after training from a CARS-approved BLS medication administration class and does not apply to ALS providers.

ALS providers cannot transfer care of a patient to a call after administering one of these medications. If one of these medications is administered with an ALS provider present, the patient must be transported by an ALS unit.

Class: Bronchodilator. Sympathetic beta₂ agonist.

Mechanism of Action: Binds to beta₂ receptors causing relaxation of bronchial smooth muscle.

Indications:

- Bronchoconstriction secondary to Asthma or COPD exacerbation as evidenced by increased difficulty breathing, hypoxia, and auscultated wheezing sounds in lungs

Contraindications:

- Hypersensitivity/allergy
- Tachydysrhythmias (heart rate >150bpm)

Dosage/Supplied:

- 2.5mg in 3mL 0.9% sodium chloride in both TJEMS drug box and pink CARS med kit. 2.5mg dose may be repeated if symptoms persist up to a **maximum of 3 doses**

Warning: DuoNeb (combination Ipratropium Bromide and Albuterol Sulfate) formulation may also be found in TJEMS drug box and is **not** within the scope of this BLS protocol

Route of Administration:

- Nebulized through handheld nebulizer device or non-rebreather mask

Pharmacokinetics:

Inhaled: Onset: 5 minutes, Peak: 1 hours, Half-life: 3 hours

Side Effects

- Anxiety
- Palpitations
- Dizziness
- Headache
- Nausea/vomiting

Administration Notes:

- Can be administered by attaching nebulizer chamber to non-rebreather mask if patient cannot hold device or needs more oxygen. May be less effective.