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 beta_2_ agonist.

Mechanism of Action: Binds to beta_2_ 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.