



## **Albuterol Sulfate (Salbutamol) Inhalation Solution**

BLS Medication Protocol

Approved: Jeff Young, OMD, 10.10.2019

Reviewed: 9.1.2020

**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<sub>2</sub> agonist.

**Mechanism of Action:** Binds to beta<sub>2</sub> receptors causing relaxation of bronchial smooth muscle.

### **Indications:**

- Bronchoconstriction secondary to Asthma, COPD exacerbation, or allergic reaction 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.