

# **El Dorado County Emergency Medical Services Agency**

Quick Reference

Revised Date: July 1, 2020

## **Medication Profile**

**Albuterol** Sulfate

Class: (Ventolin, Proventil)

Bronchodilator/Beta<sub>2</sub> Agonist Sympathomimetic/Sympathetic Agonist

## Action:

Albuterol works by causing relaxation of the bronchial smooth muscle in the bronchial tree and stimulates adrenergic receptors of the sympathetic nervous system. Beta<sub>2</sub> selective.

**Peak:** 1-1.5 hours **Duration:** 3-4 hours **Onset:** 5-15 minutes

## **Adult Administration:**

#### Bronchospasm

2.5mg/3ml NS via nebulizer. If severe distress persists, initiate continuous Albuterol via nebulizer, not to exceed 15mg/hr.

## **Crush Syndrome**

5.0 mg in 6ml NS via nebulizer, run continuously before and after extrication.

#### **Fire Line Medic**

Albuterol HFA 108mcg/inhalation with attached Aerochamber Spacer. Inhale 2 puffs every 4 hours as needed for coughing, wheezing, or shortness of breath.

#### Pediatric:

#### **Bronchospasm**

2.5mg in 3ml NS via nebulizer. If severe distress persists repeat at 0.5mg/kg/hr to a max of 15mg/hr.

### **Crush Syndrome:**

Less than 2 yrs: 2.5mg in 3ml of NS via nebulizer Greater than 2 yrs: 5.0mg in 6ml NS via nebulizer

Run continuously before and after extrication. Per Base MD order

#### Indications:

#### **Contraindications:**

Hypersensitivity/allergy

Bronchospasm associated with reactive airway disease or acute attacks of bronchospasm (i.e., COPD, asthma, and allergic

reactions).

Hyperkalemia associated with crush injury

## **Side Effects**:

CV: Tachycardia, hypertension, palpitations

CNS: Tremulousness, anxiety, headache, restlessness

# **Pregnancy**

Category C

## Notes:

• Supplemental continuous oxygen should be given in all patients receiving albuterol.