

BASIC LIFE SUPPORT - PRACTICAL SKILL TEACHING SHEET

**ADMINISTRATION OF PRESCRIBED INHALER**

SCENE SIZE-UP

Assess: Need for body substance isolation, Scene safety, Trauma(MOI) or Medical(NOI) nature, and Number of Patients

ASSESSMENT

Perform initial assessment and focused or detailed assessment as indicated.  
Obtain history of present illness: O-P-Q-R-S-T  
Obtain S-A-M-P-L-E history  
Obtain base line vital signs

EMERGENCY MEDICAL CARE - INHALER ADMINISTRATION

Actions:

- Dilates bronchioles reducing airway resistance (Beta-agonist bronchodilator)

Side Effects:

- Increased pulse rate
- Tremors
- Nervousness

Indications: (must meet all of the following criteria)

- Exhibits signs and symptoms of respiratory emergency
- Handheld inhaler is prescribed for this patient by a physician
- Specific authorization by medical direction.

Contraindications:

- Inability of patient to use device due to reduced level of consciousness.
- Inhaler is not prescribed for this patient.
- No permission from medical direction.
- Patient has already met maximum prescribed dose prior to EMT-Basic arrival.

Dosage:

- Number of inhalations based upon medical direction order or physician order based upon consultation with the patient.

**Administration:**

Obtain order from medical direction either on-line or off-line (**Per local protocol**).

Assure right medication, right patient, right route, patient alert enough to use inhaler.

Check expiration date of the inhaler.

Check to see if the patient has already taken any doses.

Assure the inhaler is at room temperature or warmer.

(OVER)

Shake the inhaler vigorously several times.

Remove oxygen adjunct from patient.

Have the patient exhale deeply.

Have the patient put lips around the opening of the inhaler.

Have the patient depress the handheld inhaler as he begins to inhale deeply.

Instruct the patient to breathe a few times and repeat second dose per medical direction.

If patient has a spacer device for use with his inhaler, it should be used. A spacer device is an attachment between the inhaler and patient that allows for more effective use of medication.

Record activity and time.

Perform reassessment and record findings:

- Gather vital signs and focused reassessment
- Patient may deteriorate and need positive pressure artificial ventilation.

Infant and child considerations:

- Use of handheld inhalers is very common in children.
- Retractions are more commonly seen in children than adults.
- Cyanosis (blue-gray) is a late finding in children.
- Very frequently coughing may be present rather than wheezing in some children.
- Emergency care with usage of handheld inhalers is same if the indications for usage of inhalers are met by the ill child.