



1 COLLEGE CIRCLE • ROBERT W. MACVITTIE COLLEGE UNION BOX 123 • GENESEO, NY 14454 • (585) 245-5000

### ***Collaborative Agreement for Possession and Use of Nebulized Albuterol***

It is the intent of SUNY Geneseo First Response to possess and use Nebulized Albuterol for patients in respiratory distress with previously diagnosed asthma. This service is being offered in cooperation with Dr. Steven Radi, medical director of the Lauderdale Center for Student Health and Counseling at SUNY Geneseo and medical advisor to SUNY Geneseo First Response.

Our organization provides BLS-FR service. Our primary BLS transporting agency is the Geneseo Fire Department and our primary ALS service provider is Livingston County Medical Services.

In accordance with the Monroe Livingston REMAC and MYS Protocol, our organization has:

- Identified a physician to serve as our Emergency Health Care Provider (EHCP).
- Developed an Nebulized Albuterol Training Course
- Provided written notice to the Livingston County Sheriff's Office of the availability of Nebulized Albuterol at our organizations location.
- Filed with the Monroe Livingston County Regional Emergency Medical Advisory Committee (MLREMAC) a copy of the Application for Intent to Possess and Nebulized Albuterol, and was approved, along with a signed copy of this Collaborative Agreement.
- Agreed to file a new Collaborative Agreement with MLREMAC if any changes occur to the agreement or EHCP.
- Arranged a locked storage in the response vehicle and in the First Response base.
- Established a QA to be used with every albuterol use.

### **Protocol for Use of Nebulized Albuterol**

Guidelines developed in accordance with New York State EMT-B Basic Life Support Protocols, Monroe/Livingston Regional Emergency Medical Services System 2003-2004 Standards of Care, and EHCP.

Respiratory Distress with previously diagnosed asthma for patients between ages one and sixty-five.

Request Advanced Life Support if available.  
Do not delay transport to the appropriate hospital.

- I. Perform initial assessment.
- II. Assure that the patient's airway is open and that breathing and circulation are adequate. Suction as necessary.
- III. If patient exhibits signs of imminent respiratory failure, refer to the Adult or Pediatric Respiratory Arrest Protocol.
- IV. Administer high concentration oxygen.
- V. Place the patient in the Fowler's or Semi Fowler's position.
- VI. Do not allow physical activity or exertion.
- VII. Assess vital signs, ability to speak in complete sentences, accessory muscle use, wheezing, patient's assessment of breathing difficulties and through the use of a peak flow meter, Borg Scale, or other method.
- VIII. DO NOT delay transport to complete medication!
- IX. For patients with a history of angina, Myocardial Infarction, Arrhythmia or Congestive Heart Failure, medical control MUST be contacted prior to administration of Albuterol!
- X. If productive cough, accessory muscle use, wheezing, inability to speak complete sentences, or diminished or negative lung sounds are heard and the patient is between one and sixty-five years or age with no history of hypersensitivity to albuterol sulfate, administer Albuterol Sulfate 0.83%, one (1) unit dose (2.5 mg) in a nebulizer at a flow rate of 4 – 6 LPM.
- XI. Re-assess vital signs, ability to speak in complete sentences, accessory muscle use, wheezing, patient's assessment of breathing difficulties and the use of a peak flow meter, Borg scale, or other method.
- XII. If patient's symptoms persist, a second administration of nebulized Albuterol may be administered. A maximum of two (2) total doses may be given.
- XIII. Ongoing assessment. Obtain and record the patient's vital signs enroute as often as the situation indicates.
- XIV. Record all patient care information, including the patient's medical history and all treatment provided on a Prehospital Care Report (PCR).
- XV. Refer immediately to any other appropriate protocol.

**Policy for Training Nebulized Albuterol Users**

Training will be done using the New York State Department of Health Emergency Medical Technician- Basic Curriculum (Revised 03/29/00). Specific attention will also be given to this Collaborative Agreement, Monroe/Livingston Regional Emergency Medical Services System Standards of Care 2003-2004, and the New York State EMT-B Basic Life Support Protocols.

Training will be conducted by the EHCP, Dr. Steven Radi, or the Lieutenant of Training for GFR. All crew chiefs will be trained in the use of Nebulized Albuterol at least once a year. Each member will sign in at the training session and this document will be kept as proof of training.

**Acquisition, Storage, Accounting, and Proper Disposal of Nebulized Albuterol**

Acquisition, Storage, and Accounting shall be the responsibility of the GFR Lt. of Operations. The Nebulized Albuterol will be acquired through the EHCP, Dr. Steven Radi. 2 Nebulized Albuterol 2.5 mg doses will be stored in a locked box in the back of the GFR fly car, 3310. Additional doses will be kept for stock in a locked, fixed cabinet in the GFR command center. The Nebulized Albuterol will be checked at the beginning of each 12 hour shift by the crew chief as part of the routine pre-shift check. Any problems will be documented by the crew chief on the pre-shift checklist and the officer on duty will be notified via numeric page.

**Documentation After Use of Nebulized Albuterol**

After use of Nebulized Albuterol by a GFR member, the crew will record the events on their PCR, contact the officer on duty via numeric page (if this fails, the crew will attempt to contact an executive officer by phone), and fill out the following document to be placed immediately in the Captain's box in the GFR command center.

Date of Use: \_\_\_\_\_

Time of Use: \_\_\_\_\_

Location of Call: \_\_\_\_\_

PCR #: \_\_\_\_\_

Signs/Symptoms of Respiratory Distress: \_\_\_\_\_  
\_\_\_\_\_

Age of patient: \_\_\_\_\_

Patient's or GFR's Nebulized Albuterol used? \_\_\_\_\_

Name of person administering Nebulized Albuterol: \_\_\_\_\_

Name(s) of GFR duty crew: \_\_\_\_\_

Signed in agreement

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GFR Captain

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EHCP

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Print Name

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Print Name

Date signed:\_\_\_\_\_

Date signed:\_\_\_\_\_

Attach:

1. Copy completed Monroe Livingston REMAC Application for BLS Albuterol Administration.
2. Copy of Livingston County Sheriff's Office (911 center) notification
3. Copy of primary ALS service notification