	M15 – SALBUTAMOL (VENTOLIN)	
	MEDICATION STANDING ORDER	
Version date: 2023-09-05	Effective date: 2023-09-19 (0700 hrs)	

INDICATIONS
<ul style="list-style-type: none"> Acute exacerbation of known asthma Acute exacerbation of chronic obstructive pulmonary disease (COPD) Dyspnea or respiratory distress where wheezing can be heard, or bronchospasm is otherwise suspected Acute anaphylaxis, or severe allergic reaction with difficulty breathing or audible wheezing
<ul style="list-style-type: none"> Known or suspected hyperkalemia as a temporizing measure when vascular access is not attainable ²



CONTRAINDICATIONS
<ul style="list-style-type: none"> Not applicable

ASTHMA / COPD / BRONCHOSPASM		
ROUTE (WORK SCOPE)	INITIAL DOSE	REPEAT DOSE
METERED-DOSE INHALER ¹ (EMR & ABOVE)	All ages - 2 to 8 inhalations (puffs) depending on severity	As required (no maximum) ³
NEBULIZER ² (PCP & ABOVE)	Unable to comply (<u>up to 5 years of age</u>): <ul style="list-style-type: none"> Less than 20 kg - 2.5 mg More than 20 kg - 5 mg 	

ANAPHYLAXIS		
ROUTE (WORK SCOPE)	INITIAL DOSE	REPEAT DOSE
METERED-DOSE INHALER ¹ (EMR & ABOVE)	All ages - 8 inhalations (puffs) depending on severity	As required (no maximum) ³
NEBULIZER ² (PCP & ABOVE)	Unable to comply (<u>up to 5 years of age</u>): <ul style="list-style-type: none"> Less than 20 kg - 2.5 mg More than 20 kg - 5 mg 	

HYPERKALEMIA ⁴		
ROUTE (WORK SCOPE)	INITIAL DOSE	REPEAT DOSE
METERED-DOSE INHALER (PCP & ABOVE)	10 years & older – 16 inhalations	Once in 5 minutes if ECG signs persist & every 15 - 30 minutes if ECG signs recur

NOTES
<ol style="list-style-type: none"> Always use a spacer device (e.g. aero-chamber) with the metered-dose inhaler (MDI). Both are for single patient use and must be discarded after use. For young children who may not cooperate with MDI administration, the risk of aerosol generation is likely lower with nebulizer administration. Extended PPE is required for administration by either MDI or nebulizer during the COVID pandemic. Paramedics should titrate to response. As respiratory status improves, frequency of administration can be reduced. Salbutamol has a minor, transient effect on serum potassium, and should never be administered as sole therapy for hyperkalemia. It may be useful as a temporizing measure until vascular access is established and other therapy administered. Administration by MDI instead of nebulizer is not well studied. Sixteen inhalations (1600 mg) may be roughly equivalent to 10 mg by nebulizer in dosage delivery. When salbutamol is not available, Combivent Respimat® may be substituted with dosing based on the salbutamol content.

APPROVED BY	
	
Medical Director - Provincial EMS/PT	Associate Medical Director - Provincial EMS/PT

VERSION CHANGES (refer to X08 for change tracking)
<ul style="list-style-type: none"> Nebulizer may be used in young children who cannot comply with MDI administration Revised administration table presents information for scope / route / dose more clearly