

Initial Date: 07/19/23

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Section: 9-12R

## ***Albuterol***

**Pharmacological Category:** Beta-2 Agonist, Bronchodilator

**Routes:** Nebulized

**Indications:**

1. Bronchospasm (wheezing)
2. Known or suspected hyperkalemia resulting from a crush injury.

**Expected effects:**

1. Bronchodilation
2. Decreased respiratory work/effort

**Dosing: RESPIRATORY DISTRESS (Adult)**  
**PEDIATRIC RESPIRATORY DISTRESS**  
**ANAPHYLAXIS/ALLERGIC REACTION**  
**PULMONARY EDEMA/CARDIOGENIC SHOCK**

Indication: Respiratory distress with wheezing

Adults administer:

1. Albuterol 2.5 mg/3mL NS nebulized

Pediatrics administer: Albuterol dosage is not weight/age based

1. Albuterol 2.5 mg/3mL NS nebulized (*Albuterol dosage is not weight/age based*)

**Dosing: GENERAL CRUSH INJURY**

Indication: Suspected hyperkalemia due to crush injury

Adults administer:

1. Albuterol 2.5 mg/3mL NS nebulized to a maximum dose of 20 mg

Pediatrics administer:

1. According to MI MEDIC cards
2. If MI MEDIC cards are not available administer Albuterol 2.5 mg/3mL NS nebulized to a maximum dose of 20 mg

**Note:** A single responding unit is not expected to carry 20 mg of albuterol for treatment of up to 20 mg in Crush Injury protocol. Dosage is a maximum if other resources (i.e., Haz Mat drug box, second drug box) are available.

Used in the Following Protocols

Anaphylaxis/Allergic Reaction (Section 1 General Treatment)

General Crush Injury (Section 2 Trauma and Environmental)

Respiratory Distress (Section 3 Adult Treatment)

Pediatric Respiratory Distress, Failure or Arrest (Section 4 Obstetrics and Pediatrics)

Pulmonary Edema/Cardiogenic Shock (Section 5 Adult Cardiac)