



Aug 21, 2020

Oregon EMS Directors, and Medical Directors

Emergency Scope of Practice Change

In the event of an emergency declared by the Governor of Oregon, Emergency Medical Service providers may assist in patient care as directed by the supervising physician's standing orders and within the protocols established by the State of Oregon EMS Medical Director during the period of the declared emergency, subject to such limitations and conditions as the Governor or Oregon Medical Board may prescribe.

Under the direction of their supervising physician's, EMTs may prepare and administer epinephrine by automatic injection device for asthma.

Protocol for administration:

1. For treatment of asthma with wheezing or respiratory distress.
2. When the use of nebulized bronchodilators is contraindicated or has failed.
3. Maximize oxygenation and administer albuterol Metered Dose Inhaler (MDI) in lieu of nebulizer. 4 puffs of an albuterol MDI is equivalent to 1 nebulized treatment; if available, use a spacer.
4. If patient remains in respiratory distress or if no MDI is available.
5. For patients 15-30 Kg administer 0.15 mg of epinephrine by autoinjector according to the manufacture's instruction.
6. For patients >30 Kg administer 0.3 mg of epinephrine by autoinjector according to the manufacture's instruction.
7. For patients >30 Kg, with known or suspected coronary artery disease, administer 0.15 mg of epinephrine by autoinjector according to the manufacture's instruction.
8. Reassess and administer second dose of epinephrine if respiratory distress does not improve after 5 minutes.

Please contact us with any questions or visit healthoregon.org/coronavirus.

David Lehrfeld, MD
Medical Director
Oregon Health Authority
Emergency Medical Services & Trauma Systems