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EMERGENCY MEDICAL SERVICES

DATE: April 19, 2023
TO: 911 Paramedics
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IFT-ALS Paramedics
IFT-ALS Providers
FROM: Carl H. Schultz, MD
EMS Medical Director

CHS

SUBJECT: OPTION OF USING LEVALBUTEROL DURING ALBUTEROL SHORTAGE

As many of you know, there is a current shortage of liquid albuterol. We have a procedure (PR-900) which allows for the use of albuterol inhalers in addition to nebulized albuterol to treat bronchospasm and respiratory distress. However, this may be insufficient to meet ongoing needs. As such, I am now authorizing the use of levalbuterol in addition to the two options mentioned above to treat patients with respiratory distress. This authorization will remain in effect until further notice.

Standard albuterol is a mixture to two types of albuterol (called isomers); the R form and the S form. The S form is inactive and has no medical effect. Only the R form relieves bronchospasm. Levalbuterol is just another name for R-albuterol. Levalbuterol does not contain the S isomer so the dose is cut in half. It comes as 1.25 mg in 3 cc. It should be administered exactly like liquid albuterol.

The dose for levalbuterol is as follows:

For adults and children aged 4 and older

2.5 mg (6 cc) administered via nebulizer. May repeat one time if the patient is still symptomatic.

For children less than age 4

1.25 mg (3 cc) administered via nebulizer. May repeat one time if needed.

Levalbuterol may be used in place of albuterol in all OCEMS standing orders, such as SO-M-35 and SO-P-35.

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