

RESPIRATORY DISTRESS (P15)

Epiglottitis: History of mild upper respiratory infection. Usually occurs in patients age 3 to 6, but 25% of all cases occur in children less than 2 years of age. Signs & Symptoms: high fever, sore throat, pain on swallowing, shallow breathing, dyspnea, inspiratory stridor, drooling and a red swollen epiglottis. Hx: Lack of immunizations.

Asthma: Patient or family history of asthma or reactive airway disease. Signs & Symptoms: patient age > 1 year, tachypneic with the patient sitting up and leaning forward, unproductive cough, accessory respiratory muscle usage and wheezing (wheezing may not be present if the patient has insufficient air movement).

Bronchiolitis: Signs & Symptoms: patient age < 1 year, prominent expiratory wheezing and rales.

Croup: Occurs mostly at night during the fall and winter months. History: Mild cold or other infection. Signs & Symptoms: Patient age usually between 6 months and 4 years, harsh - barking cough, inspiratory stridor, nasal flaring and tracheal tugging.

	F	E	O	P	D
ASSESSMENT: look for signs of poor perfusion or respiratory distress (delayed capillary refill, diminished distal pulses, cool extremities, ALOC). Observe respirations and auscultate the lungs. DO NOT VISUALIZE THE AIRWAY OR EXAMINE THE OROPHARYNX.	X	X	X	X	
AIRWAY: support ventilations as indicated.	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
OXYGEN: 100% by non-rebreather mask or blow-by.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
POSITION: place patient in position of comfort, usually in parent lap or arms.	X	X	X	X	
EPIGLOTTITIS					
POSITION: - Minimize handling and examination to prevent crying and agitation. Avoid laying the patient down to prevent the epiglottis from falling and completely obstructing the airway.	X	X	X	X	
EPIGLOTTITIS - COMPLETE OBSTRUCTION					
VENTILATE: 100% oxygen via bag-valve mask. Attempt high pressure ventilation if unable to ventilate via bag-valve mask.	X	X	X	X	
NEEDLE CRICOTHYROTOMY: if unable to ventilate with SGA - Quicktrach Child device for patients 10-35 kg (22-77 lbs). - Quicktrach device for patients > 35 kg (> 77 lbs). 14 – 18G catheter for patients < 10kg (< 22 lbs). - Ventilate with high flow oxygen.				X	
CAPNOGRAPHY: apply and monitor.				X	
ASTHMA - BRONCHIOLITIS					
APPROVED BETA-2 AGONIST: choose ONE of the following beta-2 agonists (consider availability or need to reduce aerosol-generating procedure to decide). ALBUTEROL: 2.5 mg via nebulizer for wheezing patients. If patient has SGA placed, administer through aerosol holding chamber of SGA. LEVALBUTEROL: 1.25 mg via nebulizer. TERBUTALINE: 0.01 mg/kg SubQ with a max dose of 0.25 mg.				X	
IPRATROPIUM: via nebulizer, 250 mcg if < 20 kg or 500 mcg if ≥ 20 kg.				X	
MAGNESIUM SULFATE: 50 mg/kg IV/IO in children > 4 years old.				X	
CROUP					
NEBULIZER: 3 mL NS for croup patients.				X	

EFFECTIVE: November 1, 2023

Provider Key: F = First Responder/EMR
P = Paramedic

E = EMT O = EMT Local Optional SOP
D = Base Hospital Physician Order Required

PEDIATRIC TREATMENT GUIDELINE**RESPIRATORY**

BASE CONTACT: contact base for orders of epinephrine nebulizer.					X
CONSIDER	F	E	O	P	D
EPINEPHRINE: 0.01 mg/kg of 1:1000 (1 mg/mL) IM for asthma if patient is not a neonate (max. single dose 0.5 mg). May repeat once for asthma patients.				X	
EPINEPHRINE – draw-up < 30 kg administer 0.15 mg of 1:1000 (1 mg/mL) IM. > 30 kg administer 0.3 mg of 1:1,000 (1 mg/mL) IM. For all weights repeat dose may be given every 5-15 minutes as needed for respiratory distress or persistent wheezing.			X	X	
EPINEPHRINE: auto-injector < 30 kg administer 0.15 mg of 1:1000 (1 mg/mL) IM. > 30 kg administer 0.3 mg of 1:1,000 (1 mg/mL) IM. For all weights repeat dose may be given every 5-15 minutes as needed for respiratory distress or persistent wheezing.		X	X	X	

Note: Parent should accompany the child to ease the child's fears and apprehension.

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