POLICY: 555.23
TITLE: Pediatric Respiratory Distress

EFFECTIVE: 07/01/2024
REVIEW: 07/2027
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PEDIATRIC RESPIRATORY DISTRESS

I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.

III. PROTOCOL
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.

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic D = Base Hospital Physician Order Required

	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	

	F	E	O	P	D
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.				X	
IPRATROPRIUM: 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	
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.