POLICY: 555.23
TITLE: Pediatric Respiratory Distress

EFFECTIVE: 7/1/2018
REVIEW: 7/2023
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 the treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.

III. PROTOCOL:

STANDING ORDERS

ASSESS	CAB
POSITION	Place patient in position of comfort, usually in parent's lap or arms. Minimize handling and examination to prevent crying and agitation. Avoid laying the patient down. A parent should be allowed to accompany the child to the hospital in order to ease the child's fears.
OXYGEN	Oxygen delivery as appropriate.
MONITOR	Treat rhythm as appropriate.

EPIGLOTITIS

History of upper respiratory infection. Tends to occur in patients age 3 to 6, but some cases occur in children less than 2 years of age. Hx and PE: high fever, sore throat, and pain on swallowing, shallow breathing, dyspnea, inspiratory stridor, drooling, and a red swollen epiglottis: (**Do Not** attempt to visualize airway. If the patient is crying, the epiglottis may be visible posterior to the base of the tongue).

COMPLETE OBSTRUCTION

VENTILATE	With bag valve mask or approved ventilator and 100% oxygen. If unable to ventilate (no rise and fall of the chest), then consider visualizing the airway for a Foreign Body Obstruction, place an I-Gel if possible. Notify Emergency Department of possible surgical candidate.
SECURE AIRWAY	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Refer to Policy 554.00 – General Protocols.

ASTHMA - BRONCHIOLITIS - CROUP

Asthma:	Patient or family history of asthma or reactive airway disease. Age usually greater than 1 year; tachypnea; patient sitting up and leaning forward; nonproductive cough, accessory respiratory muscle usage and wheezing (wheezing may not be present if the patient has insufficient air movement).
Bronchiolitis:	Age generally less than 1 year, prominent expiratory wheezing and crackles; history of recent upper respiratory infection and fever.
Croup:	Occurs mostly at night during the fall and winter months. History: Mild cold or other infection. Age between 6 months and 4 years, harsh - barking cough, inspiratory stridor.
ALBUTEROL	3.0 ml of 0.5% solution in 15 ml saline (or 6 unit-dose vials) via nebulizer over 1 hour or until symptoms improve. Repeat as needed.

	CONSIDER
SALINE NEBULIZER	For croup patients.
	BASE PHYSICIAN ORDERS
EPINEPHRINE	0.01 mg/kg of 1:1000 IM, (max. dose 0.5 mg) for wheezing or stridor, if patient is not a neonate. May repeat once in 20 minutes.