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## 8.09 PEDIATRIC RESPIRATORY DISTRESS-Public Comment

## November 2023

## **BLS Treatment**

- Assess vital signs
- Assess circulation, airway, breathing, and responsiveness
- Position of comfort.
- NPO
- Assess circulation, airway, breathing, and responsiveness.
- Oxygen as indicated.
- Provide Spinal Motion Restriction as indicated or position of comfort as indicated.
- Appropriately splint suspected fractures/instability as indicated.
- Bandage wounds/control bleeding as indicated.

## **ALS Treatment**

Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.

- Wheezing with signs of severe distress?
  - a. Mild: Increase work of breathing, regular respiratory rate, alert and active
  - b. Moderate: increased work of breathing, increased respiratory rate, alert and active
  - Severe: increased work of breathing, increased respiratory rate, agitated, pale, anaphylaxis
  - d. Life Threatening: increased work of breathing, increased respiratory rate, drowsy or confused, not moving, cyanosis, anaphylaxis
- IV / IO of Normal Saline at TKO.
- Albuterol: mild to moderate distress with MDI available: 2-3 puffs (~ 6 breaths between each puff) q5min. If MDI unavailable administer 2.5mg/3mL NS via nebulizer over 5 to 15 minutes. May repeat x1 if no relief from symptoms
- Epinephrine: (for severe or life threatening respiratory distress) 0.01 mg/kg IM in anterolateral thigh (1:1,000). May repeat x1 in 5 minutes
- If severe distress and/or no relief with Albuterol administer Epinephrine.