8.09 PEDIATRIC RESPIRATORY DISTRESS

BLS – FAQ Link

Assess **Vital Signs,** ABC's and responsiveness, position of comfort, NPO, **Oxygen**

ALS

Wheezing with signs of Severe Distress?

DRAFT VERSION

No

Mild vs. Moderate Distress	
Mild Increased work of breathing Regular respiratory rate Alert and active	**Moderate** Increased work of breathing Increased respiratory rate Alert and active

Albuterol
Mild to Moderate distress with MDI available: 2-3 puffs (~6 breaths between each puff) q5min

If MDI unavailable administer 2.5 mg/3 ml NS via nebulizer over 5 to 15 min.

May repeat x 1 if no relief from symptoms.

Yes

Severe Distress or Life Threatening	
Severe Increased work of breathing Increased respiratory rate Agitated Pale Anaphylaxis	**Life Threatening** Increased work of breathing Increased respiratory rate Drowsy or confused Not moving Cyanosis Anaphylaxis

Epinepherine
(1:1,000) 0.01 mg/kg IM in anterolateral thigh.

0.15 mg IM for weight < 30kg
Use 1mg/ml concentration

-or-

0.3 mg IM for weight > 30kg
Use 1mg/ml concentration

May repeat x1 in 5 minutes.

Albuterol
Administer 2.5 mg/3 ml NS via nebulizer over 5 to 15 min.

Important Considerations

- If secondary to anaphylaxis see allergic reaction protocol (insert 8.01)
- Monitor with pulse oximeter and end tidal CO2
- Children <2 with suspected bronchiolitis consider limiting albuterol
- Consider CPAP for patients >8
- Consider checking blood glucose to rule out metabolic causes of tachypnea, such as DKA

Effective: xxxxxxxx
Supersedes: 03/01/15

8.09 PEDIATRIC RESPIRATORY DISTRESS-EMSAC
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
  ~~a.~~c. Severe: increased work of breathing, increased respiratory rate, agitated, pale, anaphylaxis
  d. If secondary to anaphylaxis please see allergic reaction protocol (8.02)
  ~~b.~~e. Life Threatening: increased work of breathing, increased respiratory rate, drowsy or confused, not moving, cyanosis, anaphylaxis
- If secondary to anaphylaxis see allergic reaction protocol (8.01)
- Consider CPAP for patients 8 years and older
- Monitor with pulse oximeter and end tidal CO2
- Consider blood glucose check to rule out metabolic causes of tachypnea, such as DKA
- Children <2 with suspected bronchiolitis consider limiting albuterol
- ~~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~~ <30 kg=0.15/IM OR >30KG=0.3mg/IM
- Albuterol: administer 2.5mg/3ml NS via nebulizer over 5 to 15 min
- ~~If severe distress and/or no relief with **Albuterol** administer~~ **Epinephrine.**