Sierra – Sacramento Valley EMS Agency Treatment Protocol	R-3P
Pediatric Respiratory Distress	
Approval: Troy M. Falck, MD – Medical Director	Effective: 12/01/2024
Approval: John Poland – Executive Director	Next Review: 07/2027

- Consider respiratory failure for pts with a history of increased work of breathing & presenting with ALOC & a slow or normal respiratory rate without retractions.
- The hallmark of upper airway obstruction (croup, epiglottitis, foreign body aiway obstruction) is inspiratory stridor.
- Do not attempt to visualize the throat or insert anything into the mouth if epiglottitis suspected.

Continuous Positive Airway Pressure (CPAP) Utilization Information

- **Indications:**
  - CHF with pulmonary edema
  - Moderate to severe respiratory distress
  - Near drowning
- **Contraindications:**
  - <8 years of age
  - Respiratory or cardiac arrest
  - Suspected croup/epiglottitis
  - Agonal respirations
  - Inability to maintain airway
  - Suspected pneumothorax
  - SBP <90
  - Major trauma/head injury/chest trauma
  - Severe decreased LOC
- **Complications:**
  - Hypotension
  - Pneumothorax
  - Corneal drying

Epinephrine Administration

- Epinephrine is indicated for pts with suspected asthma who are in severe distress.
- Administer Auto-Injector/IM epinephrine into the lateral thigh, midway between waist & knee.

BLS

- Assess & support ABCs
- High flow O_2
- Assess V/S, including SpO_2
- Assess history & physical, determine degree of illness
- Minimize stimulation – keep pt calm & consider allowing parent to hold the child &/or O2 delivery device if their presence calms the child
- Consider CPAP, when appropriate/indicated, for moderate to severe distress (pts ≥8 yo only)

Suspected asthma & in severe distress

YES

Epinephrine 1:1,000 IM (authorized/trained EMTs only)

- Pts 7.5 – 30 kg
  - 0.15 mg pediatric auto-injector **OR** 0.15 mg (0.15 mL) via approved syringe
- Pts >30 kg
  - 0.3 mg adult auto-injector **OR** 0.3 mg (0.3 mL) via approved syringe

SEE PAGE 2 FOR ALS TREATMENT OF WHEEZING OR SUSPECTED CROUP/EPIGLOTTITIS

Wheezing

ALS

Mild Distress
- Mild wheezing
- Mild shortness of breath
- Cough

- Cardiac & $EtCO_2$ monitoring

Albuterol 5 mg & Ipratropium 500 mcg
- Nebulizer
- May repeat **(albuterol 2.5-5 mg only)** for continued respiratory distress

Moderate – Severe Distress
- Cyanosis
- Accessory muscle use
- Inability to speak >3 words
- Severe wheezing/shortness of breath
- Decreased or absent air movement

- Cardiac & $EtCO_2$ monitoring
- IV/IO NS (may bolus 20 mL/kg)

Albuterol 5 mg & Ipratropium 500 mcg
- Nebulizer, CPAP, or BVM
- May repeat **(albuterol 2.5-5 mg only)** for continued respiratory distress

Epinephrine 1:1,000 (for severe distress only)
- 0.01 mg/kg IM (max: 0.3 mg)

Suspected Croup/Epiglottitis

ALS

- Cardiac & $EtCO_2$ monitoring
- Consider nebulized saline
- **MINIMIZE PT STIMULATION**
- If full upper airway occlusion suspected – ensure proper airway positioning & BVM seal, attempt to ventilate & reassess – **DO NOT ATTEMPT I-GEL**

Unable to ventilate/maintain airway utilizing less invasive procedures?

YES → Perform needle cricothyrotomy (pts ≥3 yo) as airway of last resort

NO

<u>Base/Modified Base Hospital Order Only</u>

Racemic epinephrine
- One (1) - 0.5 ml vial of 2.25% inhalation solution (mix with NS to = 5 ml of volume)

OR

Nebulized epinephrine
- 1:1000 - 0.5 mL/kg (max: 5 mL) nebulizer or BVM (if <5 mL, mix with NS to = 5 mL of volume)