

Sierra – Sacramento Valley EMS Agency Treatment Protocol

Pediatric Respiratory Distress

Effective: 12/01/2024

R-3P

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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
 - Agonal respirations
 - SBP <90

- Respiratory or cardiac arrest
- Inability to maintain airway
- Major trauma/head injury/chest trauma
- Suspected croup/epiglottitis
- Suspected pneumothorax
- Severe decreased LOC

- Complications:
 - Hypotension

- Pneumothorax

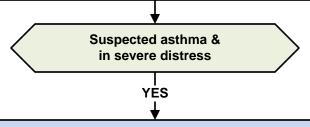
Corneal drying

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.



- Assess & support ABCs
- High flow O₂
- Assess V/S, including SpO₂
- 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)



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

