8.09 PEDIATRIC RESPIRATORY DISTRESS

BLS – FAQ Link

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

ALS

Wheezing with signs of Severe Distress?

No

Mild vs. Moderate Distress

Mild	Moderate
Increased work of breathing Regular respiratory rate Alert and active	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	Life Threatening
Increased work of breathing Increased respiratory rate Agitated Pale Anaphylaxis	Increased work of breathing Increased respiratory rate Drowsy or confused Not moving Cyanosis Anaphylaxis

Epinephrine

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.

May repeat x 1 if no relief from symptoms.

If secondary to anaphylaxis see 8.01 Allergic Reaction/Anaphylaxis Protocol

Important Considerations

- Monitor with pulse oximeter and end tidal CO2
- Children <2 with suspected bronchiolitis: suction nose Note: albuterol may be ineffective
- Consider CPAP for patients >8
- Consider checking blood glucose to rule out metabolic causes of tachypnea, such as DKA

Effective: 04/01/24
Supersedes: 03/01/15

8.09 PEDIATRIC RESPIRATORY DISTRESS

BLS Treatment

- Assess airway, breathing, circulations and responsiveness.
- Assess vital signs.
- Position of comfort.
- NPO
- **Oxygen** 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.
    c. 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.
- **If secondary to anaphylaxis see 8.01 Pediatric Allergic Reaction /Anaphylaxis**
- Consider CPAP for patients 8 years and older.
- Children <2 with suspected bronchiolitis: suction nose. Note: albuterol may be ineffective
- Monitor with pulse oximeter and end tidal CO2.
- Consider blood glucose check to rule out metabolic causes of tachypnea, such as DKA.
- **Albuterol**: mild to moderate distress with MDI available: 2-3 puffs (~ 6 breaths between each puff) q5min.
    a. If MDI unavailable administer 2.5mg/3mL NS via nebulizer over 5 to 15 minutes. For continued wheezing, may repeat as needed.
- **Epinephrine** (for severe or life-threatening respiratory distress) <30 kg=0.15/IM OR >30KG=0.3mg/IM
- **Albuterol**: administer 2.5mg/3ml NS via nebulizer over 5 to 15 min.