

PEDIATRIC RESPIRATORY DISTRESS

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- Patient exhibits any of the following:
 - Wheezing
 - Stridor
 - Grunting
 - Nasal flaring
 - Apnea

CRITICAL INFORMATION

- Measure with color-coded resuscitation tape and treat according to the Pediatric Dosing Guide (P18A). Apply corresponding wrist band.
- Neonate = birth to four weeks; infant = four weeks to 1 year; child = 1-14 years; adolescent = >14 years

TREATMENT

- ALS RMC
- Position of comfort to maintain airway
- Allow parent to administer oxygen if possible
- Upper Airway/ Stridor:
 - Mild to moderate respiratory distress: 3ml NS via HHN
 - Moderate to severe respiratory distress: **Epinephrine** (1mg/1ml concentration) 5 mg in 5 ml via nebulizer
- Lower Airway Obstruction/ Wheezing:
 - **Albuterol** 2.5 mg in 3 ml NS via HHN, mask, or bag-valve-mask; MR x 1 and
 - **Ipratropium** 500 mcg in 2.5 ml NS via HHN or bag-valve-mask
 - If response inadequate, **Epinephrine** IM 0.01mg/kg (1mg/1ml concentration); MR in 5 minutes; max. total dose 0.6 mg
- Foreign Body Obstruction:
 - Attempt to clear airway:
 - < 1 year: 5 back blows and 5 chest thrusts
 - > 1 year: 5 abdominal thrusts
 - For foreign body airway obstruction refractory to above attempts, utilize laryngoscopy to visualize and remove foreign body with Magill forceps
- Respiratory failure/ apnea/ complete obstruction:
 - Attempt positive pressure ventilation via bag-valve-mask
 - ET tube placement approved for patients who are 12yrs of age or older **or** height greater than the length of the color-coded resuscitation tape.
 - King Airway approved as a rescue airway for patients who are 12 years of age or older **or** 4 feet tall

SPECIAL CONSIDERATIONS

- Assess key history factors: recent hospitalizations, asthma, allergies, croup, and medication usage