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 1:1,000 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 1:1,000 (0.01 mg/kg) IM, maximum single dose 0.3 mg; MR x 1 in 15 minutes.
- 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 larynx and remove foreign body with Magill forceps
- Respiratory failure/ apnea/ complete obstruction.
  - Attempt positive pressure ventilation via bag-valve-mask, if unable to ventilate, attempt intubation
  - 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 12yrs of age or older and 4 feet tall

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