

PEDIATRIC RESPIRATORY DISTRESS

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

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

CRITICAL INFORMATION

- Treat according to length based color-coded resuscitation tape. 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:
 - If 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
 - If response inadequate, **Epinephrine** 1:1,000 (0.01 mg/kg) IM, max. single dose 0.3 mg
- Foreign Body Obstruction:
 - Attempt to clear airway:
 - < 1 year: 5 back blows and 5 chest thrusts
 - > 1 year: 5 abdominal thrusts
 - 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
 - If unsuccessful, consider needle cricothyroidotomy

SPECIAL CONSIDERATIONS

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

RELATED POLICIES/ PROCEDURES

- Cricothyroidotomy ALS PR 5