

**PEORIA AREA EMS SYSTEM
PEDIATRIC PREHOSPITAL CARE MANUAL**

**Pediatric Respiratory
Distress Protocol**

Respiratory distress is common in the pediatric patient. The small airways of children are compromised more quickly during medical and traumatic problems. Identifying the degree of respiratory distress is crucial for stopping a process that can lead into respiratory failure. At that point, the child has lost ability to compensate for the lack of oxygen. If not treated immediately, respiratory failure will lead to arrest.

First Responder Care

First Responder Care should be focused on assessing the situation and initiating routine patient care to treat for shock.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask.
3. Utilize the *Pediatric Assessment Triangle* to gain a general impression.
4. Assess abnormal airway sounds.
5. Place patient in a position of comfort.

BLS Care

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to treat for shock and preparing the patient for or providing transport.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support with BVM if necessary.
3. **Proventil (Albuterol):** 2.5mg in 3mL of normal saline via nebulizer over 15 minutes for wheezing or absent/diminished breath sounds. May repeat Albuterol 2.5mg every *15 minutes* as needed (**with Medical Control order**).
4. Initiate ALS intercept and transport as soon as possible.

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ILS Care

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
3. **Proventil (Albuterol):** 2.5mg in 3mL of normal saline via nebulizer over 15 minutes for wheezes or absent/diminished breath sounds. May repeat Albuterol 2.5mg every **15 minutes** as needed (**with Medical Control order**). In-line nebulizer may be utilized if patient is unresponsive or in respiratory arrest.
4. Initiate ALS intercept and transport as soon as possible.
5. **Contact Medical Control** as soon as possible.

ALS Care

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask.
3. **Proventil (Albuterol):** 2.5mg in 3mL normal saline **mixed with Ipratropium (Atrovent):** 0.5mg via nebulizer over 15 minutes. Repeat Albuterol 2.5mg with Atrovent 0.5mg every **15 minutes** as needed. In-line nebulizer may be utilized if patient is unresponsive or in respiratory arrest.

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ALS Care (continued)

4. **Epinephrine 1:1000**: 0.01mg/kg SQ (*Max single dose: 0.3mg*) if the patient is suffering status asthmaticus and does not improve with Albuterol treatment. May repeat every *20 minutes*.
5. Transport as soon as possible.
6. Contact the receiving hospital as soon as possible or Medical Control if necessary.

Epiglottitis

Symptoms of Epiglottitis may include:

- ALOC
- Fever
- Hoarseness
- Brassy cough
- Inspiratory stridor
- Drooling
- Tripod position

If Epiglottitis is suspected:

First Responder Care, BLS Care, ILS Care, ALS Care

1. Initiate *Routine Pediatric Care Protocol*.
2. **Do not look in the child's mouth or attempt to visualize the interior of the throat.**
3. **Do not agitate the child.** He/she should be kept as calm as possible – do not attempt to obtain IV access.
4. **Oxygen**: 10-15 L/min via non-rebreather mask or by best means tolerated by the patient (*e.g.* blow-by or 4-6 L/min via nasal cannula).
5. Transport the child sitting up.